

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004035

**Entity Name:** PELLEFINA LLC**Current Principal Place of Business:**13715 NW COUNTY ROAD 225  
STARKE, FL 32091**Current Mailing Address:**13715 NW COUNTY ROAD 225  
STARKE, FL 32091**FEI Number:** 35-2477330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	STARKE HOLDING LLC
Address	13715 NW COUNTY ROAD 225
City-State-Zip:	STARKE FL 32091

Title	VICE PRESIDENT
Name	JOHNSON, MAUREEN
Address	19 EAST 57TH STREET FIFTH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	TREASURER
Name	ACESTE, CLAIRE
Address	19 EAST 57TH STREET 4TH FLOOR
City-State-Zip:	NEW YORK NY 10022
Title	SECRETARY
Name	FIRESTONE, SECRETARY
Address	19 EAST 57TH STREET FIFTH FLOOR
City-State-Zip:	NEW YORK NY 10022

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOUISE FIRESTONE**SECRETARY****01/02/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date