

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000026151**

**1. Entity Name**  
**PAROLARI INVESTMENTS, LLC**



**Principal Place of Business**  
**11877 SOUTHWEST 38 TERRACE**  
**MIAMI, FL 33175 US**

**Mailing Address**  
**11877 SOUTHWEST 38 TERRACE**  
**MIAMI, FL 33175 US**



04032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**95-1733320**

Applied For
Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BENITEZ, ALICIA CPA**  
**11877 SOUTHWEST 38 TERRACE**  
**MIAMI, FL 33175**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>PAROLARI, OSVALDO F</b>
<b>STREET ADDRESS</b>	<b>11877 SOUTHWEST 38 TERRACE</b>
<b>CITY- ST- ZIP</b>	<b>MIAMI, FL 33175</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

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04/11/07-80076-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-2-07

Date

305-798-2694

Daytime Phone #