

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90041 037 \*\*\*\*50.00

**DOCUMENT # L04000078803**



1. Entity Name  
**3 P'S INVESTMENTS, LLC.**

Principal Place of Business  
**780 N.W. LE JEUNE ROAD, SUITE 324  
C/O NICOLAS FERNANDEZ, P.A.  
MIAMI, FL 33126**

Mailing Address  
**780 N.W. LE JEUNE ROAD, SUITE 324  
C/O NICOLAS FERNANDEZ, P.A.  
MIAMI, FL 33126**

**20062016**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-1869618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESQUIRE CORPORATE SERVICES, INC.  
780 N.W. LE JEUNE ROAD, SUITE 324  
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MGRM  
Gabriel A. Pou  
780 NW Le Jeune Road, Suite 324  
Miami, Florida 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MGRM  
Gabriel H. Pou  
780 NW Le Jeune Road, Suite 324  
Miami, Florida 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MGRM  
Antonio Pou  
780 NW Le Jeune Road, Suite 324  
Miami, Florida 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #