

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90110 001 ***555.00

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1. Entity Name
INVERSIONES PAP, LLC



Principal Place of Business
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

Mailing Address
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

30003300



04222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5935083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ
1911 NW 150 AVE., STE. 201
PEMBROKE PINES, FL 33028

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
D'ASARO, PICTRO RUSSO
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RUSSO, ANGELO
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RUSSO, GIUSEPPE
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: Piero Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MGR

4/22/08

Date

Daytime Phone #