

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000098186</b> 1. Entity Name PIRULETE HOLDINGS LLC						
Principal Place of Business BRICKELL BAY OFFICE TOWER 1001 BRICKELL BAY DRIVE, SUITE 2310 MIAMI, FL 33131 US			Mailing Address BRICKELL BAY OFFICE TOWER 1001 BRICKELL BAY DRIVE, SUITE 2310 MIAMI, FL 33131 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)						
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	PIRULETE HOLDING LTD			NAME		
STREET ADDRESS	MARCY BUILDING, 2ND FLOOR PURCELL ESTATE			STREET ADDRESS		
CITY-ST-ZIP	PO BOX 2416 RDTOWN TORTOLA, BVI			CITY-ST-ZIP		
TITLE	MGR <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	D'EMPAIRE PARRA, MANUEL ERNESTO			NAME		
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2310			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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:				01/14/08 (758)261-793484		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		

60004471



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number: **75-3257195** Applied For: ☒ Not Applicable: ☐

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

*mf*