

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039651

**Entity Name:** PADRE PIO, LLC

**Current Principal Place of Business:**

2655 S. LE JEUNE ROAD  
LAW OFFICE OF ZAEDY POZO SUITE 804  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 S. LE JEUNE ROAD  
LAW OFFICE OF ZAEDY POZO SUITE 804  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-0305665

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POZO, ZAEDY ESQ.  
2655 S. LE JEUNE ROAD  
LAW OFFICE OF ZAEDY POZO SUITE 804  
CORAL GABLES, FL 33134 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:** ZAEDY POZO

04/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: RIVEROS, ALCIDES ALBERTO SR.  
Address: 2655 S. LE JEUNE ROAD  
LAW OFFICE OF ZAEDY POZO SUITE 804  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: RIVEROS, APOLONIO ALCIDES SR.  
Address: 2655 S. LE JEUNE ROAD  
LAW OFFICE OF ZAEDY POZO SUITE 804  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: MORENO DE RIVEROS, MARIA DE FATIMA SRA  
Address: 2655 S. LE JEUNE ROAD  
LAW OFFICE OF ZAEDY POZO SUITE 804  
City-State-Zip: CORAL GABLES FL 33134

*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:** RIVEROS, APOLONIO ALCIDES

MANAGER

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date