## 2020 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 03/13/2020

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

804

Title **MANAGER** Title **MANAGER** 

Name RIVEROS, ALCIDES ALBERTO SR. Name RIVEROS, APOLONIO ALCIDES SR.

2655 S. LE JEUNE ROAD Address Address 2655 S. LE JEUNE ROAD

LAW OFFICE OF ZAEDY POZO SUITE LAW OFFICE OF ZAEDY POZO SUITE

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MANAGER Title **MANAGER** 

MORENO DE RIVEROS, MARIA DE GRILLON, CESAR ESTEBAN SR. Name Name

**FATIMA SRA** Address 2655 S. LE JEUNE ROAD Address

2655 S. LE JEUNE ROAD LAW OFFICE OF ZAEDY POZO SUITE LAW OFFICE OF ZAEDY POZO SUITE

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

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: APOLONIO ALCIDES RIVEROS **MANAGER** 

**FILED** Mar 13, 2020

**Secretary of State** 

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