

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065786

Entity Name: POLI INVESTMENT LLC**Current Principal Place of Business:**5805 BLUE LAGOON DRIVE, SUITE #300
MIAMI, FL 33126**Current Mailing Address:**5805 BLUE LAGOON DRIVE, SUITE #300
MIAMI, FL 33126**FEI Number:** 20-5181837**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHONILLO, LUCY G
901 BRICKELL KEY BLVD., APT. 2108
MIAMI, FL 33131 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CHONILLO, LUIS M
Address 901 BRICKELL KEY BLVD., APT 2108
City-State-Zip: MIAMI FL 33131

Title MGRM
Name CHONILLO, LUIS E
Address 901 BRICKELL KEY BLVD., APT 2108
City-State-Zip: MIAMI FL 33131

Title MGRM
Name CHONILLO, DAVID E
Address 901 BRICKELL KEY BLVD., APT 2108
City-State-Zip: MIAMI FL 33131

Title MGRM
Name CHONILLO, LUCY G
Address 901 BRICKELL KEY BLVD., APT 2108
City-State-Zip: MIAMI FL 33131

Title MGRM
Name CHONILLO, JUAN X
Address 901 BRICKELL KEY BLVD., APT 2108
City-State-Zip: MIAMI FL 33131

Title MGRM
Name CHONILLO, CARLOS A
Address 901 BRICKELL KEY BLVD., APT 2108
City-State-Zip: MIAMI FL 33131

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: LUIS M CHONILLO

P

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date