

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079522

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC5720937048**

**Entity Name:** PROFIN INVESTMENTS, LLC

**Current Principal Place of Business:**

803 GREENWAY DR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

803 GREENWAY DR  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-0795424

**Certificate of Status Desired:** Yes

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

GUAZZINI, AMEDEO MGR  
803 GREENWAY DR  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GUAZZINI, AMEDEO  
Address 803 GREENWAY DR  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name GUAZZINI, MIRIAM  
Address 803 GREENWAY DR  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING MEMBER  
Name MEYERINGH, MIRIANN G  
Address 803 GREENWAY DR  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING MEMBER  
Name GUAZZINI, PAOLO U  
Address 803 GREENWAY DR  
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:** AMEDEO GUAZZINI

**MANAGER**

**01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date