

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107716

**Entity Name:** PALOALTO INVESTMENT, LLC

**Current Principal Place of Business:**

1347 VERACRUZ LANE  
WESTON, FL 33327

**Current Mailing Address:**

1347 VERACRUZ LANE  
WESTON, FL 33327 US

**FEI Number:** 30-0653904

**Certificate of Status Desired:** No

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

MED ACCOUNTING SERVICES LLC  
4468 DOGWOOD CIRCLE  
WESTON, FL 33331 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	Title	MGRM
Name	JARAMILLO, JUAN C	Name	GUTIERREZ, MARTHA L
Address	1347 VERACRUZ LANE	Address	1347 VERACRUZ LANE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327
Title	AUTHORIZES REPRESENTATIVE	Title	MGRM
Name	DIAZ, MARIA EUGENIA	Name	JARAMILLO, CAROLINA
Address	4468 DOGWOOD CIRCLE	Address	1347 VERACRUZ LANE
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33327
Title	MGRM	Title	MGRM
Name	JARAMILLO, CAMILA	Name	JARAMILLO, MARCELLA
Address	1347 VERACRUZ LANE	Address	1347 VERACRUZ LANE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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:** JUAN CAMILO JARAMILLO

MGRM

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date