

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000082799

**Entity Name:** CIMOPAR, LLC

**Current Principal Place of Business:**

7345 W. SAND LAKE RD.  
STE. 307  
ORLANDO, FL 32819

**Current Mailing Address:**

7345 W. SAND LAKE RD.  
STE. 307  
ORLANDO, FL 32819 US

**FEI Number:** 46-1559547

**Certificate of Status Desired:** No

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

DE CARVALHO-PACHECO, JOSE E  
7345 W. SAND LAKE RD.  
STE. 307  
ORLANDO, FL 32819 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 DE CARVALHO-PACHECO, JOSE E  
Address 7345 W. SAND LAKE RD.  
STE. 307  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name DE CARVALHO-PACHECO, ISABEL C  
Address 7345 W. SAND LAKE RD.  
STE. 307  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name CARVALHO-PACHECO, ANA C  
Address 7345 W. SAND LAKE RD.  
STE. 307  
City-State-Zip: ORLANDO FL 32819

*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:** JOSE E. DE CARVALHO-PACHECO

**MGRM**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date