

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000085364

Entity Name: B8 INVESTMENT, LLC**Current Principal Place of Business:**170 OCEAN LANE DRIVE, SUITE 501
KEY BISCAVNE, FL 33149**Current Mailing Address:**170 OCEAN LANE DRIVE, SUITE 501
KEY BISCAVNE, FL 33149**FEI Number:** 45-5598617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TINOCO, MARIA L
166 HARBOR DR
13
KEY BISCAVNE, FL 33149 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	BOTTO, GASTONE E
Address	170 OCEAN LANE DRIVE, SUITE 501
City-State-Zip:	KEY BISCAVNE FL 33149

Title	MGRM
Name	SACILOTT DE BOTTO, MARIA A
Address	170 OCEAN LANE DRIVE, SUITE 501
City-State-Zip:	KEY BISCAVNE FL 33149

Title	MGRM
Name	LOADER, ISABELLA
Address	166 HARBOR DR 13
City-State-Zip:	KEY BISCAVNE FL 33149

Title	MGRM
Name	BOTTO, GASTON E
Address	170 OCEAN LANE DRIVE, SUITE 407
City-State-Zip:	KEY BISCAVNE FL 33149

Title	MGRM
Name	TINOCO, MARIA L
Address	630 ALLENDALE ROAD
City-State-Zip:	KEY BISCAVNE FL 33149

Title	MGRM
Name	BOTTO, VALERIA
Address	170 OCEAN LANE DRIVE, SUITE 501
City-State-Zip:	KEY BISCAVNE FL 33149

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: GASTON BOTTO**MANAGER****01/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date