

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161103

**Entity Name:** PABLO MACIAS, LLC

**Current Principal Place of Business:**

501 N 44TH STREET  
FORT PIERCE, FL 34947

**Current Mailing Address:**

501 N 44TH STREET  
FORT PIERCE, FL 34947 US

**FEI Number:** 59-2211166

**Certificate of Status Desired:** No

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

MACIAS, PABLO  
501 N 44TH STREET  
FORT PIERCE, FL 34947 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 MGR  
Name MACIAS, PABLO  
Address 501 N 44TH STREET  
City-State-Zip: FORT PIERCE FL 34947

Title MGR  
Name MACIAS, PABLO  
Address 501 N 44TH STREET  
City-State-Zip: FORT PIERCE FL 34947

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Name MACIAS, PABLO  
Address 501 N 44TH STREET  
City-State-Zip: FORT PIERCE FL 34947

Title MGR  
Name MACIAS, PABLO  
Address 501 N 44TH STREET  
City-State-Zip: FORT PIERCE FL 34947

*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:** PABLO MACIAS

P

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date