

2017 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: NOT APPLICABLE

Certificate of Status Desired: Yes

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
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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

REGISTERED AGENT

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date