

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000038368

Entity Name: CONSTRUTORA COFAL LLC**Current Principal Place of Business:**3877 NW 1ST PLACE
DEERFIELD BEACH, FL 33442**Current Mailing Address:**3877 NW 1ST PLACE
DEERFIELD BEACH, FL 33442**FEI Number:** 46-5583718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOMES, ANDRE L
3877 NW 1ST PLACE
DEERFIELD BEACH, FL 33442 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	GOMES, PAULO M
Address	3877 NW 1ST PLACE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	AP
Name	GOMES, ANDRE L
Address	3877 NW 1ST PLACE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	AP
Name	GOMES, LILIAN M
Address	3877 NW 1ST PLACE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	AP
Name	GOMES, JOAO
Address	3877 NW 1ST PLACE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	AP
Name	GOMES, LORENA
Address	3877 NW 1ST PLACE
City-State-Zip:	DEERFIELD BEACH FL 33442

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: PAULO GOMES

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date