

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000053834

**Entity Name:** GANELLPA, LLC

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD.  
SUITE 204  
CORAL GABLES, FL 33134

**Current Mailing Address:**

901 PONCE DE LEON BLVD.  
SUITE 204  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALBORNOZ, WILLIAM H ESQ.  
901 PONCE DE LEON BLVD.  
SUITE 204  
CORAL GABLES, FL 33134 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:** WILLIAM H. ALBORNOZ, ESQ.

06/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BACHER MARTINS, PAULO FELIPE  
Address 901 PONCE DE LEON BLVD  
SUITE 204  
City-State-Zip: CORAL GABLES FL 33134

*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 FELIPE BACHER MARTINS

MANAGER

06/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date