2019 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

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.

Electronic \$ Sia g

Authorized Person(s) Detail :

Title MGR BACHER MARTINS, PAULO FELIPE Name 901 PONCE DE LEON BLVD Address 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

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

03/14/2019 Date

Date

Signature of Registered Agent	

MANAGER

03/14/2019