

2017 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
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: _____

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

02/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date