

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002801

**Entity Name:** NOTPAS LLC

**Current Principal Place of Business:**

2950 GLADES CIRCLE, UNIT 18  
WESTON, FL 33327

**Current Mailing Address:**

2950 GLADES CIRCLE, UNIT 18  
WESTON, FL 33327 US

**FEI Number:** 35-2581779

**Certificate of Status Desired:** No

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD., STE. 1225  
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 PASQUALE, NICOLA  
Address 2950 GLADES CIRCLE, UNIT 18  
City-State-Zip: WESTON FL 33327

Title MGR  
Name NOTARFRANCESCO, YANET  
Address 2950 GLADES CIRCLE, UNIT 18  
City-State-Zip: WESTON FL 33327

Title MGR  
Name PASQUALE, YANELLA  
Address 2950 GLADES CIRCLE, UNIT 18  
City-State-Zip: WESTON FL 33327

*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:** NICOLA PASQUALE

**MANAGER**

**01/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date