

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000065888

**Entity Name:** NAICIPA GROUP LLC

**Current Principal Place of Business:**

7579 NW 79TH AVE  
APT 305  
TAMARAC, FL 33321

**FILED**  
**May 04, 2018**  
**Secretary of State**  
**CC5860212119**

**Current Mailing Address:**

7579 NW 79TH AVE  
APT 305  
TAMARAC, FL 33321 US

**FEI Number:** 82-1030195

**Certificate of Status Desired:** No

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

NAICIPA JIMENEZ, JOSE  
7579 NW 79TH AVE  
APT 305  
TAMARAC, FL 33321 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            CEO  
Name            NAICIPA JIMENEZ, JOSE  
Address        7579 NW 79TH AVE  
City-State-Zip: TAMARAC FL 33321

Title            CFO  
Name            NAICIPA JIMENEZ, JUAN SEBASTIAN  
Address        7579 NW 79TH AVE  
City-State-Zip: TAMARAC FL 33321

Title            COO  
Name            NAICIPA PALACIOS, ANTONIO JOSE  
Address        7579 NW 79TH AVE  
City-State-Zip: TAMARAC FL 33321

*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:** JOSE DAVID NAICIPA JIMENEZ

**CEO**

**05/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date