

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000282644

**Entity Name:** FAPIM, LLC

**Current Principal Place of Business:**

1545 ALGARDI AVENUE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1545 ALGARDI AVENUE  
CORAL GABLES, FL 33146 US

**FEI Number:** 37-1939158

**Certificate of Status Desired:** Yes

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

BUTOLLO, ADRIANA  
1545 ALGARDI AVENUE  
CORAL GABLES, FL 33146 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:** BUTOLLO ADRIANA

01/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BUTOLLO, ADRIANA  
Address        1545 ALGARDI AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title           MANAGER  
Name           MARGOLOFF, PIERRE  
Address        1545 ALGARDI AVENUE  
City-State-Zip: CORAL GABLES FL 33146

*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:** BUTOLLO ADRIANA

MANAGER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date