

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000282644

**Entity Name:** FAPIM, LLC

**Current Principal Place of Business:**

1545 ALGARDI AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1545 ALGARDI AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TRISTAN BOURGOIGNIE, P.A.  
5975 SUNSET DRIVE  
603  
MIAMI, FL 33143 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	MANAGER	Title	MANAGER
Name	BUTOLLO, ADRIANA	Name	MARGOLOFF, PIERRE
Address	C/O TRISTAN BOURGOIGNIE, P.A. 5975 SUNSET DRIVE SUITE 603	Address	C/O TRISTAN BOURGOIGNIE, P.A. 5975 SUNSET DR SUITE 603
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143

*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:** ADRIANA BUTOLLO

MEMBER

02/25/2020

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

\_\_\_\_\_ Date