

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000289357

**Entity Name:** PAKEND, LLC**Current Principal Place of Business:**7119 NW 102TH PLACE  
DORAL, FL 33178**Current Mailing Address:**7119 NW 102TH PLACE  
DORAL, FL 33178**FEI Number:** 87-1345566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOOKSMART TAX, LLC  
3105 NW 107TH AVENUE.  
SUITE 400  
DORAL, FL 33172 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           | AMBR                |
| Name            | PAGLIERI, GIANPIER  |
| Address         | 7119 NW 102TH PLACE |
| City-State-Zip: | DORAL FL 33178      |

|                 |                     |
|-----------------|---------------------|
| Title           | AMBR                |
| Name            | PAGLIERI, WALTER    |
| Address         | 7119 NW 102TH PLACE |
| City-State-Zip: | DORAL FL 33178      |

|                 |                     |
|-----------------|---------------------|
| Title           | AMBR                |
| Name            | SILVA-DIAZ, AGUSTIN |
| Address         | 7119 NW 102TH PLACE |
| City-State-Zip: | DORAL FL 33178      |

|                 |                        |
|-----------------|------------------------|
| Title           | AMBR                   |
| Name            | MILIAN PINA, ALEJANDRO |
| Address         | 7119 NW 102TH PLACE    |
| City-State-Zip: | DORAL FL 33178         |

*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:** PAGLIERI , GIANPIER**MEMBER****03/23/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date