

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008989

**Entity Name:** LA FINESTRA, L.C.

**Current Principal Place of Business:**

100 N. BISCAYNE BLVD., 21ST FLOOR  
C/O BAUR, KLEIN, MATOS  
MIAMI, FL 33132-2306

**Current Mailing Address:**

100 N. BISCAYNE BLVD., 21ST FLOOR  
C/O BAUR, KLEIN, MATOS  
MIAMI, FL 33132-2306

**FEI Number:** 65-1110523

**Certificate of Status Desired:** No

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

KLEIN, CHRISTOPHER J  
100 N. BISCAYNE BLVD., 21ST FLOOR  
C/O BAUR, KLEIN, MATOS  
MIAMI, FL 33132-2306 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 MGRM  
Name D'AMBROSIO, BRUNO SALVONI  
Address 100 N. BISCAYNE BLVD., 21ST FLOOR  
City-State-Zip: MIAMI FL 33132-2306

Title MEMB  
Name PATRICK CLERICI REVOCABLE TRUST  
Address 1643 BRICKELL AVENUE #3105  
City-State-Zip: MIAMI FL 33129

*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:** BRUNO SALVONI

MGRM

04/29/2015

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

\_\_\_\_\_  
Date