

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012638

**Entity Name:** 393 U.S. HIGHWAY 17, L.L.C.

**Current Principal Place of Business:**

20201 E COUNTRY CLUB DR  
906  
AVENTURA, FL 33180

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**7976352888CC**

**Current Mailing Address:**

1722 SHERIDAN ST  
349  
HOLLYWOOD, FL 33020 US

**FEI Number:** 33-1065528

**Certificate of Status Desired:** No

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

DAMIANI, ROMINA  
1722 SHERIDAN ST  
349  
HOLLYWOOD, FL 33020 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:** ROMINA DAMIANI

04/23/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RAPPALLINI, MARTIN  
Address 1722 SHERIDAN ST  
349  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name RAPPALLINI, IGNACIO I  
Address 1722 SHERIDAN ST  
349  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name RAPPALLINI, ANIBAL  
Address 1722 SHERIDAN ST  
349  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name RAPPALLINI, FEDERICO  
Address 1722 SHERIDAN ST  
349  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name RAPPALLINI, MATIAS  
Address 1722 SHERIDAN ST  
349  
City-State-Zip: HOLLYWOOD FL 33020

Title AUTHORIZED REPRESENTATIVE  
Name DAMIANI, ROMINA  
Address 1722 SHERIDAN ST  
349  
City-State-Zip: HOLLYWOOD FL 33020

*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:** ROMINA DAMIANI

**AUTHORIZED REP**

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date