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. MANAGER

SIGNATURE: ANNETTE FRANQUI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: VILAGIO ENTERPRISES, LLC **Current Principal Place of Business:**

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

1450 BRICKELL AVE **SUITE 2530** MIAMI, FL 33131

Current Mailing Address:

DOCUMENT# L03000056900

1450 BRICKELL AVE **SUITE 2530** MIAMI, FL 33131 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

FRANQUI, ANNETTE 1450 BRICKELL AVE **SUITE 2530** MIAMI, FL 33131 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	: ANNETTE FRANQUI			04/12/2023
	Electronic Signature of Registered Agent			Date
Authorized F	Person(s) Detail :			
Title	MGR	Title	MANAGER	
Name	FRANQUI, ANNETTE	Name	STATON, ALICIA	
Address	1450 BRICKELL AVE SUITE 2530	Address	1450 BRICKELL AVE SUITE 2530	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	MGR			
Name	STATON, WOODS			
Address	MANTUA 6575			
City-State-Zip:	MONTEVIDEOSELECT A STATE 11500			

Certificate of Status Desired: No

04/12/2023

FILED Apr 12, 2023 Secretary of State 6528334331CC

Date