2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032018

Entity Name: SFUMATO VILLA'S, LLC

_____, ____, ____, ____, ____, ____, ____, ____, ____, ____, _____

Current Principal Place of Business:

304 INDIAN TRACE

607

WESTON, FL 33326

Current Mailing Address:

304 INDIAN TRACE

607

WESTON, FL 33326

FEI Number: 20-2874797 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRISALES-RACINI, OSCAR 304 INDIAN TRACE 607

WESTON, FL 33326 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

FILED Mar 18, 2015

Secretary of State

CC7786291398

Authorized Person(s) Detail:

Title MGR

Name PERCHIK, ELIAS

Address 16850-112 COLLINS AVE

City-State-Zip: SUNNY ISLES BEACH FL 33160

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.