

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000096431

**Entity Name:** LAT 1615, LLC

**Current Principal Place of Business:**

3125 N.E., 184TH ST.  
1104  
AVENTURA, FL 33160

**Current Mailing Address:**

3125 N.E., 184TH ST.  
1104  
AVENTURA, FL 33160 US

**FEI Number:** 28-0663822

**Certificate of Status Desired:** No

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

POMPIGNOLI, MAXIMO EMGRM  
3125 N.E., 184TH ST.  
1104  
AVENTURA, FL 33160 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 POMPIGNOLI, MAXIMO  
Address 3125 N.E., 184TH ST., 1104  
City-State-Zip: AVENTURA FL 33160

Title MGRM  
Name ZANOTTI, GIAN P  
Address 3125 N.E., 184TH ST., 1104  
City-State-Zip: AVENTURA FL 33160

Title MGRM  
Name SPIZUOCO, MICHEL  
Address 3125 N.E., 184TH ST., 1104  
City-State-Zip: AVENTURA FL 33160

Title MGRM  
Name SIMONETTI, UGO  
Address 3330 N.E., 190TH ST., 2211  
City-State-Zip: AVENTURA FL 33180

*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:** MAXIMO POMPIGNOLI

**MNGR**

**01/02/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date