

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019392

Entity Name: SAFE REAL ESTATE, LIMITED LIABILITY COMPANY**Current Principal Place of Business:**1680 MICHIGAN AVE
910
MIAMI BEACH, FL 33139**Current Mailing Address:**1680 MICHIGAN AVE
910
MIAMI BEACH, FL 33139 US**FEI Number:** 75-3266963**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PICINELLI, GIORGIO
1680 MICHIGAN AVENUE STE 910
MIAMI BEACH, FL 33139 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 BONZAGNI, ALESSANDRA
Address 1680 MICHIGAN AVE
910
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM
Name PIREDDA, DANIELE
Address 1680 MICHIGAN AVE
STE 910
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name PIREDDA, DANIELE
Address 1680 MICHIGAN AVE
STE 910
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM
Name LUPO, SIMONA
Address 1680 MICHIGAN AVE
STE 910
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM
Name HINDS, MAURICE K
Address 8501 E DIXIE HWY
City-State-Zip: MIAMI FL 33139

Title MGR
Name HINDS, MAURICE K
Address 8501 E DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33138

Title MGR
Name SIMONA, LUPO
Address 1680 MICHIGAN AVENUE #910
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name BONZAGNI, ALESSANDRA
Address 1680 MICHIGAN AVE
STE 910
City-State-Zip: MIAMI BEACH FL 33139

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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: BONZAGNI , ALESSANDRA

MGRM

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MGR
Name	MONSALVE, PAULA
Address	1550 DREXEL AVE APT 201
City-State-Zip:	MIAMI BEACH FL 33139