

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019392

**Entity Name:** SAFE REAL ESTATE, LIMITED LIABILITY COMPANY

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**1827075330CC**

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

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

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

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

Title MGR  
Name SIMONA, LUPO  
Address 1680 MICHIGAN AVENUE #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 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: ALESSANDRA BONZAGNI**

**MGMR**

**04/26/2022**

\_\_\_\_\_  
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