

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106491

Entity Name: SALVADORI FAMILY, LLC

Current Principal Place of Business:

6450 COLLINS AVENUE
708
MIAMI BEACH, FL 33141

Current Mailing Address:

C/O TRISTAN BOURGOIGNIE, P.A
5975 SUNSET DRIVE SUITE 603
SOUTH MIAMI, FL 33143 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRISTAN BOURGOIGNIE, P.A.
C/O TRISTAN BOURGOIGNIE, P.A
5975 SUNSET DRIVE SUITE 603
SOUTH MIAMI, FL 33143 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: P. TRISTAN BOURGOIGNIE

02/10/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SALVADORI, FRANCIS
Address C/O TRISTAN BOURGOIGNIE, P.A
5975 SUNSET DRIVE SUITE 603
City-State-Zip: SOUTH MIAMI FL 33143

Title MANAGER
Name SALVADORI, VERONIQUE
Address C/O TRISTAN BOURGOIGNIE, P.A
5975 SUNSET DRIVE SUITE 603
City-State-Zip: SOUTH MIAMI FL 33143

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: FRANCIS SALVADORI

MANAGER

02/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date