

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129873

**Entity Name:** PERLAMED, LLC

**Current Principal Place of Business:**

100 SE 2ND STREET  
SUITE 3800  
MIAMI, FL 33131

**Current Mailing Address:**

100 SE 2ND STREET  
SUITE 3800  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BOLOGNA, STEFANIA ESQ  
100 SE 2ND STREET  
SUITE 3800  
MIAMI, FL 33131 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 MGR  
Name LUCATELLI, ALESSANDRA  
Address VIA SANT'ANGELO IN PESCHERIA 3  
City-State-Zip: ROME ITALY 00186

*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 LUCATELLI

MGR

04/30/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date