

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000075901

Entity Name: LA MACCINAIA, LLC

Current Principal Place of Business:

11281 NW 64 TERRACE
DORAL, FL 33178

Current Mailing Address:

C/O MANUEL A. GARCIA-LINARES
396 ALHAMBRA CIRCLE NORTH TOWER, 14TH FLOOR
MIAMI, FL 33134 US

FEI Number: 37-1648235

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GARCIA-LINARES, MANUEL A
396 ALHAMBRA CIRCLE
NORTH TOWER, 14TH FLOOR
MIAMI, FL 33134 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 ZACHRISSON PORRES, ERNESTO A
Address 11281 NW 64 TERRACE
City-State-Zip: DORAL FL 33178

Title MGRM
Name DE ZACHRISSON, IRMA A
Address 11281 NW 64 TERRACE
City-State-Zip: DORAL FL 33178

Title MGR
Name ZACHRISSON, CARLOS E
Address 11281 NW 64 TERRACE
City-State-Zip: DORAL FL 33178

Title MGR
Name ZACHRISSON, RODRIGO
Address 11281 NW 64 TERRACE
City-State-Zip: DORAL FL 33178

Title MRG
Name ZACHRISSON PASSARELLI DE DEL
CID, ROKSANDA
Address 11281 NW 64 TERRACE
City-State-Zip: DORAL FL 33178

Title MGR
Name ZACHRISSON PASSARELLI, KATINA
Address 11281 NW 64 TERRACE
City-State-Zip: DORAL FL 33178

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: ZACHRISSON PORRES, ERNESTO A

MGR

01/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date