

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000025825

**Entity Name:** LITORAL CDAL, LLC

**Current Principal Place of Business:**

16425 COLLINS AVENUE #1712  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16426 COLLINS AVENUE #1712  
SUNNY ISLES, FL 33160

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING AND CONSULTING SERVICES  
7901 KINGSPONTE PKWY STE 17  
ORLANDO, FL 32819 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:** CAROLINE G LARSON

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name DE GRACA MUSSI, CLAUDIO  
Address 16426 COLLINS AVENUE #1712  
City-State-Zip: SUNNY ISLES FL 33160

Title VP  
Name MUSSI, DEBORAH J  
Address 16426 COLLINS AVENUE #1712  
City-State-Zip: SUNNY ISLES FL 33160

Title MGR  
Name DE S J R S MUSSI, AREMIS  
Address 16426 COLLINS AVENUE #1712  
City-State-Zip: SUNNY ISLES FL 33160

Title AUTHORIZED MEMBER  
Name MUSSI, LUPERCIO  
Address 16426 COLLINS AVENUE #1712  
City-State-Zip: SUNNY ISLES FL 33160

*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:** CLAUDIO DE GRACA MUSSI

P

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date