

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000122703

**Entity Name:** NITOMATT, LLC

**Current Principal Place of Business:**

8180 NW 36 ST. # 308  
DORAL, FL 33166

**Current Mailing Address:**

8180 NW 36 ST. # 308  
DORAL, FL 33166 US

**FEI Number:** 46-1127007

**Certificate of Status Desired:** No

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

PIROGOVSKY, SANDRA YNES  
8180 NW 36 ST. # 308  
DORAL, FL 33166 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:** SANDRA PIROGOVSKY

03/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PIROGOVSKY, SANDRA Y  
Address 8180 NW 36 ST # 308  
City-State-Zip: DORAL FL 33166

Title DIRECTOR  
Name LUTENBERG, JAIME MARCOS  
Address 8180 NW 36 ST # 308  
City-State-Zip: DORAL FL 33166

Title DIRECTOR  
Name FELD, SILVIA MARTA  
Address 8180 NW 36 ST # 308  
City-State-Zip: DORAL FL 33166

Title DIRECTOR  
Name LUTENBERG, CAROLINA DEBORA  
Address 8180 NW 36 ST # 308  
City-State-Zip: DORAL FL 33166

Title MANAGER  
Name PIROGOVSKY, ERNESTO B  
Address 8180 NW 36 ST. # 308  
City-State-Zip: DORAL FL 33166

Title AUTHORIZED MEMBER  
Name LUTENBERG, PABLO  
Address 8180 NW 36 ST. # 308  
City-State-Zip: DORAL FL 33166

*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:** ERNESTO PIROGOVSKY

MANAGER

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date