#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000128659

Entity Name: PIPALATO, LLC

### Current Principal Place of Business:

119 WASHINGTON AVE. SUITE 101 MIAMI BEACH, FL 33139

# **Current Mailing Address:**

119 WASHINGTON AVE. SUITE 101 MIAMI BEACH, FL 33139 US

## FEI Number: 46-1154387

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

CAVALIERI, MAURIZIO 119 WASHINGTON AVE. SUITE 101 MIAMI BEACH, FL 33139 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

### Authorized Person(s) Detail :

Autorized i croon(o) betain.			
ïtle	MGR	Title	MANAGER
lame	CAVALIERI, MAURIZIO	Name	RANGONI, RENATO
ddress	119 WASHINGTON AVE SUITE 101	Address	119 WASHINGTON AVE. SUITE 101
ity-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139
itle lame .ddress :itv-State-Zin:	MANAGER RANGONI, GIULIO 119 WASHINGTON AVE. SUITE 101 MIAMI BEACH, EL, 33139	Title Name Address	MANAGER ZANELLA, CINZIA 119 WASHINGTON AVE. SUITE 101
Ony Olate Zip.		City-State-Zip:	MIAMI BEACH FL 33139
itle	MANAGER		
lame	TETTAMANTI, FULVIO GIUSEPPE		
ddress	119 WASHINGTON AVE.		
	itle lame .ddress city-State-Zip: itle lame .ddress city-State-Zip: itle lame	itleMGRlameCAVALIERI, MAURIZIOiddress119 WASHINGTON AVE SUITE 101idy-State-Zip:MIAMI BEACH FL 33139itleMANAGERlameRANGONI, GIULIOiddress119 WASHINGTON AVE. SUITE 101itleMIAMI BEACH FL 33139itleMANAGERlameRANGONI, GIULIOiddress119 WASHINGTON AVE. SUITE 101itleMANAGERitleMANAGERlameTETTAMANTI, FULVIO GIUSEPPE	itleMGRTitlelameCAVALIERI, MAURIZIONameiddress119 WASHINGTON AVE SUITE 101Addressidty-State-Zip:MIAMI BEACH FL 33139City-State-Zip:itleMANAGERTitlelameRANGONI, GIULIONameiddress119 WASHINGTON AVE. SUITE 101Addresscity-State-Zip:MIAMI BEACH FL 33139City-State-Zip:itleMANAGERTitlelameRANGONI, GIULIONameiddress119 WASHINGTON AVE. SUITE 101Addresscity-State-Zip:MIAMI BEACH FL 33139City-State-Zip:itleMANAGERCity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANAGERLity-State-Zip:itleMANA

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.

MANAGER

## SIGNATURE: CINZIA ZANELLA

SUITE 101 City-State-Zip: MIAMI BEACH FL 33139

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 12, 2015 Secretary of State CC0328986197

Certificate of Status Desired: No

Date