

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000029876

**Entity Name:** WORLDWIDE WEB SUPPLIERS LLC

**Current Principal Place of Business:**

18520 NORTHWEST 67TH AVE, STE. 190  
MIAMI, FL 33015

**Current Mailing Address:**

18520 NORTHWEST 67TH AVE, STE. 190  
MIAMI, FL 33015

**FEI Number:** 46-2136854

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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                                   | Title           | ST                                    |
| Name            | LUCIANI, LUANA                        | Name            | LUCIANI, LUANA                        |
| Address         | 18520 NORTHWEST 67TH AVE, STE.<br>190 | Address         | 18520 NORTHWEST 67TH AVE, STE.<br>190 |
| City-State-Zip: | MIAMI FL 33015                        | City-State-Zip: | MIAMI FL 33015                        |

*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:** LUANA LUCIANI

**PRESIDENT**

**03/17/2021**

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

\_\_\_\_\_  
Date