

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000032651

Entity Name: FFDGG, LLC**Current Principal Place of Business:**10275 COLLINS AVE UNIT 334
BAL HARBOUR, FL 33154**Current Mailing Address:**10275 COLLINS AVE UNIT 334
BAL HARBOUR, FL 33154 US**FEI Number:** 48-1308954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CURY CALUX, FATIMA
10275 COLLINS AVE UNIT 334
BAL HARBOUR, FL 33154 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	MGRM
Name	CURY CALUX, FATIMA A
Address	10275 COLLINS AVE UNIT 334
City-State-Zip:	BAL HARBOUR FL 33154

Title	MANAGER
Name	MANFREDINI, GABRIELA
Address	10275 COLLINS AVE UNIT 334
City-State-Zip:	BAL HARBOUR FL 33154

Title	MANAGER
Name	MANFREDINI, DANIEL
Address	10275 COLLINS AVE UNIT 334
City-State-Zip:	BAL HARBOUR FL 33154

Title	MANAGER
Name	MANFREDINI, GUSTAVO
Address	10275 COLLINS AVE UNIT 334
City-State-Zip:	BAL HARBOUR FL 33154

Title	MANAGER
Name	MANFREDINI, FRANCISCO
Address	10275 COLLINS AVE UNIT 334
City-State-Zip:	BAL HARBOUR FL 33154

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: FATIMA APARECIDA CURY CALUX

MISS

02/27/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date