

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000098617

Entity Name: FEDERAZIONE ABRUZZESI IN VENEZUELA, LLC**Current Principal Place of Business:**AVE. 15 DELICIAS N. ESQ. CALLE 55 EDIF.
YOLANDA N. 55.05 APT 1A- 4003
LA TRINIDAD - MARACAIBO, VZ 4003**Current Mailing Address:**AVE. 15 DELICIAS N. ESQ. CALLE 55 EDIF.
YOLANDA N. 55.05 APT 1A- 4003
LA TRINIDAD - MARACAIBO, VZ 4003 VZ**FEI Number:** 33-1229009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VITERI FINANCIAL CORPORATION
6721 SW 69 TERRACE
MIAMI, FL 33143 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	RASETTA, ALDINO
Address	AVE. 15 DELICIAS N. ESQ. CALLE 55 EDIF.
City-State-Zip:	LA TRINIDAD - MARACAIBO VZ 4003

Title	MGRM
Name	AMATI, NORMAN R
Address	AVE. 15 DELICIAS N. ESQ. CALLE 55 EDIF.
City-State-Zip:	LA TRINIDAD - MARACAIBO VZ 4003

Title	MGRM
Name	MARGIOTTA, GIOVANNI
Address	AVE. 15 DELICIAS N. ESQ. CALLE 55 EDIF.
City-State-Zip:	LA TRINIDAD - MARACAIBO VZ 4003

Title	MGRM
Name	PIERI, GERMANA
Address	AVE. 15 DELICIAS N. ESQ. CALLE 55 EDIF.
City-State-Zip:	LA TRINIDAD - MARACAIBO VZ 4003

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: GIOVANNI MARGIOTTA PIERIPERSON AUTHORIZED
TO MANAGE LIMITED
LIABILITY COMPANY

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

