

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000098617

Entity Name: FEDERAZIONE ABRUZZESI IN VENEZUELA, LLC

FILED
Apr 28, 2014
Secretary of State
CC3285803330

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 PIERI

**PERSON AUTHORIZED
TO MANAGE LIMITED
LIABILITY COMPANY**

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

