# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L13000104752

Entity Name: MAESTRONI LLC

## **Current Principal Place of Business:**

C/O ALEXANDRE BALLERINI 927 LINCOLN ROAD SUITE 200 MIAMI BEACH, FL 33139

# **Current Mailing Address:**

C/O ALEXANDRE BALLERINI 927 LINCOLN ROAD SUITE 200 MIAMI BEACH, FL 33139 US

# FEI Number: 30-0793147

## Name and Address of Current Registered Agent:

ALEXANDRE BALLERINI PA C/O ALEXANDRE BALLERINI 927 LINCOLN ROAD SUITE 200 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	ALEXANDRE BALLERINI			04/22/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	MAESTRONI, GERALD	Name	MAESTRONI, SANDRINE	
Address	927 LINCOLN RD - SUITE 200	Address	927 LINCOLN RD - SUITE 200	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	

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: MAESTRONI GERALD

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/22/2015 Date