

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133887

**Entity Name:** ALASSIO ENTERPRISES, LLC

**Current Principal Place of Business:**

400 S POINTE DR  
SUITE 402  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

400 S POINTE DR  
SUITE 402  
MIAMI BEACH, FL 33139 US

**FEI Number:** 47-1867621

**Certificate of Status Desired:** No

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

TRAVERSA, ROBERTO  
400 S POINTE DR  
SUITE 402  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TRAVERSA, ROBERTO  
Address 400 S POINTE DR  
SUITE 402  
City-State-Zip: MIAMI BEACH FL 33139

Title MANAGER  
Name COLONNESE, CATHERINE  
Address 400 S POINTE DR  
SUITE 402  
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.*

**SIGNATURE:** ROBERTO TRAVERSA

MGRM

01/14/2017

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

\_\_\_\_\_  
Date