

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000133942

**Entity Name:** SPRIS FRANCHISOR LLC

**Current Principal Place of Business:**

1000 NW 54TH STREET  
MIAMI, FL 33127

**Current Mailing Address:**

1000 NW 54TH STREET  
MIAMI, FL 33127 US

**FEI Number:** 37-1742562

**Certificate of Status Desired:** No

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

CAPOTE, BEATRIZ M ESQ.  
1200 BRICKELL AVENUE  
SUITE 507  
MIAMI, FL 33131 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	MGR	Title	MGR
Name	SPRIS ORIGINALE, INC.	Name	MEPHISTO INC
Address	1000 NW 54TH STREET	Address	1000 NW 54TH STREET
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127

*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:** GRAZIANO SBROGGIO

**MGR**

**04/25/2023**

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

\_\_\_\_\_  
Date