

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000090558

**Entity Name:** SAUCINI LLC

**Current Principal Place of Business:**

455 COVE TOWER DRIVE  
#1602  
NAPLES, FL 34110

**Current Mailing Address:**

455 COVE TOWER DRIVE  
#1602  
NAPLES, FL 34110

**FEI Number:** 01-0638095

**Certificate of Status Desired:** No

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

LANNELONGUE, TATIANA  
455 COVE TOWER DRIVE  
#1602  
NAPLES, FL 34110 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  
Name LANNELONGUE, TATIANA  
Address 455 COVE TOWER DRIVE #1602  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name LANNELONGUE, CORALIE  
Address 455 COVE TOWER DRIVE #1602  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name LANNELONGUE, ARIANE  
Address 455 COVE TOWER DRIVE #1602  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name LANNELONGUE, JEAN-REMY  
Address 455 COVE TOWER DRIVE #1602  
City-State-Zip: NAPLES FL 34110

*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:** TATIANA LANNELONGUE

**MANAGING DIRECTOR**

**03/09/2016**

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

\_\_\_\_\_  
Date