

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000128669

**Entity Name:** ITALECUR LLC

**Current Principal Place of Business:**

5161 COLLINS AVE  
APT 1501  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5161 COLLINS AVE  
APT 1501  
MIAMI BEACH, FL 33140

**FEI Number:** 30-0838295

**Certificate of Status Desired:** No

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

BELTRAN ACCOUNTING SERVICES CORP  
6303 BLUE LAGOON DR  
SUITE 400  
MIAMI, FL 33126 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 TAMESIS SA  
Address CALLE AGRILINO DE LA GUARDIA NO  
16 EDIFICI  
City-State-Zip: O PH MOLON TOWER TERCER

Title MGR  
Name BELLINI, LUIS  
Address 5161 COLLINS AVE APT 1501  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name MATERAZZO, ANGELA  
Address 5161 COLLINS AVE APT 1501  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name BACKHAUS, MICHELLE  
Address 5161 COLLINS AVE APT 1501  
City-State-Zip: MIAMI BEACH FL 33140

*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:** BELLINI , LUIS

**MANAGER**

**01/27/2020**

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

\_\_\_\_\_  
Date