

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000027630

**Entity Name:** CARMELASA, LLC**Current Principal Place of Business:**C/O FS&A  
250 CATALONIA AVENUE, SUITE600  
CORAL GABLES, FL 33134**Current Mailing Address:**C/O FS&A  
250 CATALONIA AVENUE, SUITE600  
CORAL GABLES, FL 33134 US**FEI Number:** 38-3958310**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ, DANIEL  
250 CATALONIA AVENUE  
SUITE 600  
CORAL GABLES, FL 33134 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:** DANIEL FERNANDEZ

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name VIZZI, CARMELA  
Address C/O FS&A  
250 CATALONIA AVENUE, SUITE600  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name SACCHETTI, MASSIMO  
Address C/O FS&A  
250 CATALONIA AVENUE, SUITE600  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name SACCHETTI, VITTORIO  
Address C/O FS&A  
250 CATALONIA AVENUE, SUITE600  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name SACCHETTI, LUCIANO  
Address C/O FS&A  
250 CATALONIA AVENUE, SUITE600  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ITALIANO, MAXIMO  
Address C/O FS&A  
250 CATALONIA AVENUE, SUITE600  
City-State-Zip: CORAL GABLES FL 33134

*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:** CARMELA VIZZI

AMBR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date