

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000079087

**Entity Name:** ITALIAN FLAVOR LLC

**Current Principal Place of Business:**

3725 SOUTH OCEAN DRIVE  
SUITE 407  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

3725 SOUTH OCEAN DRIVE  
SUITE 407  
HOLLYWOOD, FL 33019

**FEI Number:** 47-3932442

**Certificate of Status Desired:** No

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

PEREZ ACCOUNTING SERVICES  
3107 STIRLING ROAD  
SUITE 205  
FORT LAUDERDALE, FL 33312 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:** DANIELA PEREZ

07/27/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRACCINI, SIMONE  
Address 3725 SOUTH OCEAN DRIVE SUITE  
407  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name TACCOLA, MARCO  
Address 3725 SOUTH OCEAN DRIVE SUITE  
407  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name SIGHIERI, PAOLO  
Address 3725 SOUTH OCEAN DRIVE SUITE  
407  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name CECCONI, LENO  
Address 13760 CUMBERLAND PLACE  
City-State-Zip: DAVIE FL 33325

*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:** SIMONE BRACCINI

**MANAGER**

07/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date