

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000119212

**Entity Name:** FAI FILTRI U.S., LLC

**Current Principal Place of Business:**

4640 SUBCHASER COURT  
UNIT 105  
JACKSONVILLE, FL 32244

**FILED**  
**Jan 23, 2017**  
**Secretary of State**  
**CC1912475248**

**Current Mailing Address:**

4640 SUBCHASER COURT  
UNIT 105  
JACKSONVILLE, FL 32244 US

**FEI Number:** 46-3957214

**Certificate of Status Desired:** No

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

KING, DAVID  
4640 SUBCHASER COURT  
UNIT 105  
JACKSONVILLE, FL 32244 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 CHIONAKY, NICOLA  
Address C/O 4640 SUBCHASER COURT  
UNIT 105  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name BERTOLO, ATTILIO  
Address C/O 4640 SUBCHASER COURT  
UNIT 105  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name KING, DAVID  
Address 4640 SUBCHASER COURT  
UNIT 105  
City-State-Zip: JACKSONVILLE FL 32244

*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:** DAVID KING

**MANAGER**

**01/23/2017**

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

\_\_\_\_\_  
Date