

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000126948

**Entity Name:** FICELLE 3, LLC.

**Current Principal Place of Business:**

6310 SW 48TH ST  
C/O ADLENE EZZEKMI  
SOUTH MIAMI, FL 33155

**Current Mailing Address:**

PO BOX 398328  
C/O ADLENE EZZEKMI  
MIAMI BEACH, FL 33329 US

**FEI Number:** 47-4636892

**Certificate of Status Desired:** No

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

EZZEKMI , ADLENE  
6310 SW 48TH ST  
C/O ADLENE EZZEKMI  
SOUTH MIAMI, FL 33155 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:** ADLENE EZZEKMI

02/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BERKOWICZ, KAROL  
Address 6310 SW 48TH ST  
C/O ADLENE EZZEKMI  
City-State-Zip: SOUTH MIAMI FL 33155

Title MGR  
Name BERKOWICZ, PHILIPPE  
Address 6310 SW 48TH ST  
C/O ADLENE EZZEKMI  
City-State-Zip: SOUTH MIAMI FL 33155

*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:** KAROL BERKOWICZ

MANAGER

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date