

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000126948

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

**Current Principal Place of Business:**

90 ALTON ROAD  
SUITE 104  
MIAMI BEACH, FL 33139

**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  
90 ALTON ROAD  
SUITE 104  
MIAMI BEACH, FL 33139 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

01/09/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BERKOWICZ, KAROL  
Address 90 ALTON RD,  
SUITE 104  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name BERKOWICZ, PHILIPPE  
Address 90 ALTON RD  
SUITE 104  
City-State-Zip: MIAMI BEACH FL 33139

*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

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date