

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000129978

**Entity Name:** NOUXSOMMES LLC

**Current Principal Place of Business:**

6108 SW 48TH CT  
APT 3B  
DAVIE, FL 33314

**FILED**  
**Mar 19, 2023**  
**Secretary of State**  
**1351965217CC**

**Current Mailing Address:**

6108 SW 48TH CT  
APT 3B  
DAVIE, FL 33314 US

**FEI Number:** 47-4652368

**Certificate of Status Desired:** Yes

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

GAUDENZI, CAROLINA  
6108 SW 48TH COURT  
APT 3B  
DAVIE, FL 33314 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            AR  
Name            AGUIRRE, PABLO  
Address        6108 SW 48TH CT  
                  APT 3B  
City-State-Zip: DAVIE FL 33314

Title            AR  
Name            GAUDENZI, CAROLINA  
Address        6108 SW 48TH CT  
                  APT 3B  
City-State-Zip: DAVIE FL 33314

*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:** CAROLINA GAUDENZI

AR

03/19/2023

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

\_\_\_\_\_  
Date