

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000131354

**Entity Name:** ORIZZONTE LLC

**Current Principal Place of Business:**

5001 SW 74 CT, STE 202  
MIAMI, FL 33155

**Current Mailing Address:**

5001 SW 74 CT, STE 202  
MIAMI, FL 33155

**FEI Number:** 47-4676208

**Certificate of Status Desired:** No

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

BRIELE, AIDA E  
5001 SW 74 CT, STE 202  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VALERA, NALVIS  
Address 5001 SW 74 CT, STE 202  
City-State-Zip: MIAMI FL 33155

Title MBR  
Name VALERA, JOSE L  
Address 5001 SW 74 CT, STE 202  
City-State-Zip: MIAMI FL 33155

Title MBR  
Name VALERA NOLTE, VANESSA  
Address 5001 SW 74 CT, STE 202  
City-State-Zip: MIAMI FL 33155

Title MBR  
Name VALERA, DIEGO  
Address 5001 SW 74 CT, STE 202  
City-State-Zip: 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:** VANESSA VALERA NOLTE

MBR

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date