

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000131835

Entity Name: ITALSAC, LLC**Current Principal Place of Business:**301 ALMERIA AVENUE, SUITE 330
CORAL GABLES, FL 33134**Current Mailing Address:**301 ALMERIA AVENUE, SUITE 330
CORAL GABLES, FL 33134**FEI Number:** 47-4755921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ, DANIEL
250 CATALONIA AVENUE, SUITE 600
CORAL GABLES, FL 33134 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	MMGR
Name	ITALIANO, MAXIMO G
Address	301 ALMERIA AVENUE, SUITE 330
City-State-Zip:	CORAL GABLES FL 33134

Title	MBR
Name	ITALIANO, PIER L
Address	301 ALMERIA AVENUE, SUITE 330
City-State-Zip:	CORAL GABLES FL 33134

Title	MBR
Name	SACCHETTI, VITTORIO E
Address	301 ALMERIA AVENUE, SUITE 330
City-State-Zip:	CORAL GABLES FL 33134

Title	MBR
Name	SACCHETTI, LUCIANO G
Address	301 ALMERIA AVENUE, SUITE 330
City-State-Zip:	CORAL GABLES FL 33134

Title	MBR
Name	SACCHETTI, MASSIMO
Address	301 ALMERIA AVENUE, SUITE 330
City-State-Zip:	CORAL GABLES FL 33134

Title	MBR
Name	VIZZI, CARMELA
Address	301 ALMERIA AVENUE, SUITE 330
City-State-Zip:	CORAL GABLES FL 33134

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: MAXIMO G ITALIANO

MMGR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date