

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000164275

**Entity Name:** LUCARDA LLC**Current Principal Place of Business:**2140 CALAIS DR.  
APT. B REAR  
MIAMI BEACH, FL 33141**Current Mailing Address:**2140 CALAIS DR.  
APT. B REAR  
MIAMI BEACH, FL 33141 US**FEI Number:** 47-5266905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOBARZO, MYRIAM D SR  
7501 E TREASURE DR  
107  
NORTH BAY VILLAGE, FL 33141 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	SOBARZO, MYRIAM D
Address	2140 CALAIS DR. APT. B REAR
City-State-Zip:	MIAMI BEACH FL 33141

Title	OTHER
Name	MYRIAM SOBARZO
Address	7501 E TREASURE DR 107
City-State-Zip:	NORTH BAY VILLAGE FL 33141

Title	MGR
Name	ROMAN SOBARZO, CAROLINA MYRIAM
Address	2140 CALAIS DR. APT. B REAR
City-State-Zip:	MIAMI BEACH FL 33141

Title	MGR
Name	ROMAN SOBARZO, DANIELA ESTEFANIA
Address	2140 CALAIS DR. APT. B REAR
City-State-Zip:	MIAMI BEACH FL 33141

Title	MGR
Name	ROMAN SOBARZO, CRISTIAN RODRIGO
Address	2140 CALAIS DR. APT. B REAR
City-State-Zip:	MIAMI BEACH FL 33141

*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:** MYRIAM SOBARZO**MANAGER****05/01/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date