

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000100500

Entity Name: CANANVILLE U.S.A., LLC**Current Principal Place of Business:**8200 NW 41ST STREET
OFFICE CANANVILLE SUITE 200
DORAL, FL 33166**Current Mailing Address:**8200 NW 41ST STREET
SUITE 200
DORAL, FL 33166 US**FEI Number:** 81-2912529**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KOLSKI, STEPHEN J.
2020 PONCE DE LEON BLVD.
SUITE 905-A
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:** STEPHEN KOLSKI

04/10/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name RODRIGUEZ, NELLY D.
Address AVE REPUBLICA DEL SALVADOR
N3582 Y PORTUGL
City-State-Zip: EDIF TWIN TOWERS,4FL ECUADOR

Title AMBR
Name TORRI, GIUSEPPE
Address AVE REPUBLICA DEL SALVADOR
N3582 Y PORTUGL
City-State-Zip: EDIF TWIN TOWERS,4FL ECUADOR

Title AMBR
Name TORRI, ANTONELLA
Address AVE REPUBLICA DEL SALVADOR
N3582 Y PORTUGL
City-State-Zip: EDIF TWIN TOWERS,4FL ECUADOR

Title AMBR
Name TORRI, JUAN
Address AVE REPUBLICA DEL SALVADOR
N3582 Y PORTUGL
City-State-Zip: EDIF TWIN TOWERS,4FL ECUADOR

Title AMBR
Name TORRI, FRANCESCO
Address 8200 NW 41ST STREET
OFFICE CANANVILLE SUITE 200
City-State-Zip: DORAL FL 33166

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: FRANCESCO TORRI

AMBR

04/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date