## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000106561

**Entity Name: TESOSARDI LLC** 

**Current Principal Place of Business:** 

3558 MAGELLAN CIR

132

AVENTURA, FL 33180

**Current Mailing Address:** 

3558 MAGELLAN CIR

132

AVENTURA, FL 33180 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VASCONEZ, RAFAEL 16499 NE 19TH AVE.

NORTH MIAMI BEACH, FL 33162 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: RAFAEL VASCONEZ 04/21/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name TESORERO, JOSE A Name SARDI, ARMINDA R

400 SUNNY ISLES BLVD APT 717 Address 400 SUNNY ISLES BLVD APT 717 Address SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip:

Title MGR Title MGR

TESORERO SARDI, JOSE F Name TESORERO SARDI, JOSE A Name Address 400 SUNNY ISLES BLVD APT 717 Address 400 SUNNY ISLES BLVD APT 717 City-State-Zip: SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 City-State-Zip:

**FILED** Apr 21, 2019

**Secretary of State** 

2915550837CC

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.