

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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.  
218  
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

10/29/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGR  
Name SARDI, ARMINDA R  
Address 400 SUNNY ISLES BLVD APT 717  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

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

*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:** JOSE A TESORERO

MGR

10/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date