

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000159897

**Entity Name:** RIOS DEL NOVA, LLC.

**Current Principal Place of Business:**

4653 CLINTON BLVD.  
LAKE WORTH, FL 33463

**Current Mailing Address:**

4653 CLINTON BLVD.  
LAKE WORTH, FL 33463 US

**FEI Number: 81-3681003**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GAGEL, JAMES ESQ  
255 ARAGON AVE  
2ND FLOOR  
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 AMBR  
Name DELLA NOCE VARANI, OSCAR  
Address 255 ARAGON AVENUE 2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title PMGR  
Name DE VASCONCELOS, RICHARD M  
Address 255 ARAGON AVENUE 2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title CEO  
Name DELLA NOCE VARANI, OSCAR  
Address 255 ARAGON AVENUE 2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name MARCANO, ANDRES SALOMON  
Address 11026 NW 43RD TERRACE  
City-State-Zip: DORAL FL 33178

*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: DELLA NOCE VARANI , OSCAR**

**AMBR**

**07/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date