

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000021145

**Entity Name:** CO.RIS.MA. SOLUTIONS LLC

**Current Principal Place of Business:**

5920 SW 86TH STREET  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

5920 SW 86TH STREET  
SOUTH MIAMI, FL 33143

**FEI Number: 81-5116679**

**Certificate of Status Desired: No**

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

DELZOPPO, LORENZO  
5920 SW 86TH STREET  
SOUTH MIAMI, FL 33143 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                  | Title           | MGR                        |
| Name            | DELZOPPO, LORENZO    | Name            | MARINHO-DELZOPPO, PATRICIA |
| Address         | 5920 SW 86TH STREET  | Address         | 5920 SW 86TH STREET        |
| City-State-Zip: | SOUTH MIAMI FL 33143 | City-State-Zip: | SOUTH MIAMI FL 33143       |

*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: LORENZO DELZOPPO**

**MANAGING PARTNER**

**03/08/2023**

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

\_\_\_\_\_  
Date