

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000156902

Entity Name: FINCANTIERI SERVICES USA, LLC

Current Principal Place of Business:

7300 CORPORATE CENTER DRIVE
SUITE 711
MIAMI, FL 33126

FILED
Oct 14, 2022
Secretary of State
5550379468CC

Current Mailing Address:

7300 CORPORATE CENTER DRIVE
SUITE 711
MIAMI, FL 33126 US

FEI Number: 82-2794686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: GIOVANNI RIVERA

10/14/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: TOCI, ALESSANDRO
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

Title: MANAGER
Name: RIZZO DI GRADO E DI PREMUDA,
GIORGIO
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

Title: MANAGER
Name: DESTI, DARIO
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

Title: MANAGER
Name: PEZZULO, PAOLO
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

Title: MANAGER
Name: BORDIGNON, FABIO
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

Title: MANAGER
Name: CAFARO, GABRIELE
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

Title: GENERAL MANAGER
Name: RIVERA, GIOVANNI
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

Title: FINANCE MANAGER
Name: GRANT, ADAM
Address: 7300 CORPORATE CENTER DRIVE
SUITE 711
City-State-Zip: MIAMI FL 33126

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: ADAM GRANT

FINANCE MANAGER

10/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date