

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000156902

**Entity Name:** FINCANTIERI SERVICES USA, LLC

**Current Principal Place of Business:**

7300 CORPORATE CENTER DRIVE  
SUITE 711  
MIAMI, FL 33126

**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:**

RIVERA, GIOVANNI  
7300 CORPORATE CENTER DRIVE  
SUITE 711  
MIAMI, FL 33126 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

03/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title: AUTHORIZED REPRESENTATIVE  
Name: RIVERA, GIOVANNI  
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:** PAOLO FRINO

MANAGER

03/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date