

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000220011

**Entity Name:** GENESIS NORTH AMERICA, LLC.

**Current Principal Place of Business:**

6320 NW 97TH AVE #3  
DORAL, FL 33178

**Current Mailing Address:**

6320 NW 97TH AVE #3  
DORAL, FL 33178 US

**FEI Number: 82-3187579**

**Certificate of Status Desired: No**

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

BALDASSARI, DANTE A  
6320 NW 97TH AVE  
#3  
DORAL, FL 33178 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	AUTHORIZED MEMBER
Name	BALDASSARI, DANTE A
Address	6320 NW 97TH AVE #3
City-State-Zip:	DORAL FL 33178
Title	MGR
Name	MARTINEZ, VALENTINA E
Address	7910 HARBOR ISLAND DR 911B
City-State-Zip:	NORTH BAY VILLAGE FL 33141

Title	AUTHORIZED MEMBER
Name	CAGGIANO, MARCO A
Address	6320 NW 97TH AVE #3
City-State-Zip:	MIAMI FL 33178
Title	MGR
Name	SILVA NEVES, ADINALDO
Address	6320 NW 97TH AVE #3
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: BALDASSARI , DANTE A**

**AUTHORIZED MEMBER**

**03/25/2020**

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

\_\_\_\_\_  
Date