**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 24, 2019**
**Secretary of State**
**1289823851CC**

DOCUMENT# L18000026072

**Entity Name:** MEROLLI LLC

**Current Principal Place of Business:**

5263 WILD WOOD WAY
DAVENPORT, FL 33877

**Current Mailing Address:**

8681 US 192, SUITE 124
KISSIMMEE, FL 34747 US

**FEI Number: 83-3969886**

**Certificate of Status Desired:** No

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

EXPAT CONSULTING CORP
8615 COMMODITY CIRCLE, SUITE 11
ORLANDO, FL 32819 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 | Title | AMBR |
| Name | RICHTER MEROLLI, ALESSANDRA F | Name | MEROLLI NETTO, GILBERTO |
| Address | RUA CARLOS BENATO, 795, CASA 18 | Address | RUA CARLOS BENATO, 795, CASA 18 |
| City-State-Zip: | CURITIBA PR 82320-440 | City-State-Zip: | CURITIBA PR 82320-440 |

*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: MEROLLI NETTO , GILBERTO AMBR 04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date