

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000106988

**Entity Name:** ERRECOM USA, LLC**Current Principal Place of Business:**1900 NORTH BAYSHORE DRIVE 1A  
SUITE 129  
MIAMI, FL 33132**Current Mailing Address:**1900 NORTH BAYSHORE DRIVE 1A  
SUITE 129  
MIAMI, FL 33132 US**FEI Number:** 32-0567312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHERN MANAGEMENT SOLUTIONS, LLC  
1900 NORTH BAYSHORE DRIVE 1A  
SUITE 129  
MIAMI, FL 33132 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:** CHRISTIAN DAULONG

02/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR
Name	ERRECOM SPA
Address	VIA INDUSTRIALA, 14
City-State-Zip:	CORZANO BRESCIA 25030
Title	EXECUTIVE MANAGING DIRECTOR
Name	DEVIARDI, ALESSANDRO
Address	1900 NORTH BAYSHORE DRIVE 1A SUITE 129
City-State-Zip:	MIAMI FL 33132

Title	MGR
Name	RONGA, NICOLA
Address	1900 NORTH BAYSHORE DR - 1A 129
City-State-Zip:	MIAMI FL 33132
Title	CEO
Name	RONGA, LUCA
Address	1900 NORTH BAYSHORE DRIVE 1A SUITE 129
City-State-Zip:	MIAMI FL 33132

*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:** CHRISTIAN DAULONG**REGISTERED AGENT**

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date