

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000145987

**Entity Name:** DALLE PIANE CASHMERE USA LLC

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134 US

**FEI Number:** 30-1095554

**Certificate of Status Desired:** No

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

SANTINI, ROBERTA  
355 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134 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 MGR  
Name SANTINI, ROBERTA  
Address 50 BISCAYNE BLVD BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33132

Title MBR  
Name ANGORELLE SRL  
Address VIA VELLA O LUNGO LA BARDENA  
2/A2  
City-State-Zip: PRATO 59100

Title MGR  
Name SPASOJEVIC, MILENA  
Address 253 NE 2ND ST  
#222  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name DONDINI, LEONARDO  
Address VIA VELLA O LUNFO LA BANDERA  
2/A2  
City-State-Zip: PRATO 59100

*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:** LEONARDO DONDINI

**CEO**

**04/26/2023**

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

\_\_\_\_\_  
Date