

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000059363

**Entity Name:** MAMMA'S PIZZA LLC

**Current Principal Place of Business:**

282 NW 47 AVE  
UNIT 2  
MIAMI, FL 33126

**Current Mailing Address:**

282 NW 47 AVE  
UNIT 2  
MIAMI, FL 33126 US

**FEI Number:** 84-4926004

**Certificate of Status Desired:** No

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

RAMOS ENAMORADO, MAIKEL  
282 NW 47 AVE  
UNIT 2  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            RAMOS ENAMORADO, MAIKEL  
Address        282 NW 47 AVE UNIT 2  
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:** MAIKEL A RAMOS ENAMORADO

AMBR

04/26/2021

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

\_\_\_\_\_  
Date