

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000077961

**Entity Name:** SOKOLNIK BENEDETTO LLC

**Current Principal Place of Business:**

2641 ANDROS LN  
KISSIMMEE, FL 34747

**Current Mailing Address:**

2641 ANDROS LN  
KISSIMMEE, FL 34747 US

**FEI Number:** 37-1971992

**Certificate of Status Desired:** No

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

DOURADO BENEDETTO, HERMES  
2641 ANDROS LN  
KISSIMMEE, FL 34747 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 DOURADO BENEDETTO, HERMES  
Address RUA ATTILIO BILIBIO, 120 CASA 79  
City-State-Zip: PORTO ALEGRE RS 91530--008

Title AMBR  
Name DE LEMOS SOKOLNIK, SANDRA MARIA  
Address RUA ATTILIO BILIBIO, 120 CASA 79  
City-State-Zip: PORTO ALEGRE RS 91530--008

Title AMBR  
Name SOKOLNIK BENEDETTO, MARIANA  
Address RUA ATTILIO BILIBIO  
120 CASA 79  
City-State-Zip: PORTO ALEGRE RS 91530-008 BR

*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:** DOURADO BENEDETTO, HERMES

AMBR

04/24/2023

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

\_\_\_\_\_ Date