

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000342967

**Entity Name:** FEDALESA LLC

**Current Principal Place of Business:**

1535 SW 97 WAY  
DAVIE, FL 33324

**Current Mailing Address:**

1535 SW 97 WAY  
DAVIE, FL 33324 US

**FEI Number: 86-3144058**

**Certificate of Status Desired: No**

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

SAGOL, NORAH  
1535 SW 97 WAY  
DAVIE, FL 33324 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	Title	MGR
Name	SAGOL, FEDERICO	Name	SAGOL, ALEJANDRO
Address	1535 SW 97 WAY	Address	1535 SW 97 WAY
City-State-Zip:	DAVIE FL 33324	City-State-Zip:	DAVIE FL 33324

Title            AUTHORIZED REPRESENTATIVE  
Name            SAGOL, NORAH  
Address        1535 SW 97 WAY  
City-State-Zip: DAVIE FL 33324

*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: NORAH SAGOL**

**AUTHORIZED  
REPRESENTATIVE**

**04/08/2021**

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

\_\_\_\_\_  
Date