

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000047818

**Entity Name:** FAOAA LLC

**Current Principal Place of Business:**

9124 REDONDA DR  
BOCA RATON, FL 33496

**Current Mailing Address:**

9124 REDONDA DR  
BOCA RATON, FL 33496 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ORIANA, POSSAMAI  
9124 REDONDA DR  
BOCA RATON, FL 33496 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 POSSAMAI, ORIANA  
Address 9124 REDONDA DR  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name POSSAMAI, ANTONELLA  
Address 9124 REDONDA DR  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name POSSAMAI, ALESSANDRA  
Address 9124 REDONDA DR  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name POSSAMAI, FABIANA  
Address 9124 REDONDA DR  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name POSSAMAI, ANTONIO  
Address 9124 REDONDA DR  
City-State-Zip: BOCA RATON FL 33496

*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:** POSSAMAI, ORIANA

ORIANA POSSAMAI

04/15/2022

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

\_\_\_\_\_  
Date