## 2023 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

## Name and Address of Current Registered Agent:

ORIANA, POSSAMAI 9124 REDONDA DR BOCA RATON, FL 33496 US

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

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

MANAGER

05/01/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED May 01, 2023 Secretary of State 0508074752CC