

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000053143

Entity Name: PORTA VENEZIA LLC

Current Principal Place of Business:

1922 FOREST VIEW DR
PALM HARBOR, FL 34683

Current Mailing Address:

1922 FOREST VIEW DR
PALM HARBOR, FL 34683 US

FEI Number: 86-2108230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TIBALDO, MIRCO A
1922 FOREST VIEW DR
PALM HARBOR, FL 34683 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: MIRCO A TIBALDO

01/18/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TIBALDO, MIRCO A
Address 1922 FOREST VIEW DR
City-State-Zip: PALM HARBOR FL 34683

Title MGR
Name TIMORI, DAVIDE
Address 330 3RD STREET S
SUITE 1604
City-State-Zip: ST.PETERSBURG FL 33701

Title MGR
Name IMH 4 LLC
Address 1922 FOREST VIEW DR
City-State-Zip: PALM HARBOR FL 34683

Title AMBR
Name TIMA USA INC
Address 1922 FOREST VIEW DR
City-State-Zip: PALM HARBOR FL 34683

Title AMBR
Name FOLLOWTHESUN LLC
Address 330 3RD STREET S
SUITE 1604
City-State-Zip: ST.PETERSBURG FL 33701

Title MANAGER
Name SIMMONS, ROBERT L SR.
Address 1973 66TH AV N
City-State-Zip: ST PETERSBURG FL 33702

Title MANAGER
Name SIMMONS, SCHENITA M
Address 1973 66TH AV N
City-State-Zip: ST PETERSBURG FL 33702

Title AMBR
Name SNOMMIS HOLDING LLC
Address 1973 66TH AV N
City-State-Zip: ST PETERSBURG FL 33702

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: MIRCO A TIBALDO

MGR

01/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date