

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000103477

Entity Name: INVESTIMENTI SAGGI LLC**Current Principal Place of Business:**7901 4TH STREET N SUITE 5092
ST. PETERSBURG, FL 33702**Current Mailing Address:**7901 4TH STREET N SUITE 5092
ST. PETERSBURG, FL 33702 US**FEI Number:** 86-2708605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

02/09/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name LOTTI, MARC
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name HENDERSON, JOHN
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name KERRY, SAMANTHA
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name IMBURGIA, JOSEPH
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name SEVELA, JAN
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name STETZ, LORI
Address 7901 4TH ST N STE 300
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: MARC LOTTI

MEMBER

02/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date