| GIOVANNI MIGLIORINI<br>1298 N. PALM AVE<br>SARASOTA, FL 34236 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  |  |                 |                   | 03/27/2024 |
|  | Electronic Signature of Registered Agent |                 |                   | Date       |
| Authorized Person(s) Detail :  |  |                 |                   |            |
| Title  | MGR                                      | Title           | MGR               |            |
| Name   | GIOVANNI MIGLIORINI                      | Name            | DANIELE BARONI    |            |
| Address  | 1298 N. PALM AVE                         | Address         | 1298 N. PALM AVE  |            |
| City-State-Zip:  | SARASOTA FL 34236                        | City-State-Zip: | SARASOTA FL 34236 |            |
| Title  | MGR                                      |                 |                   |            |
| Name   | ALESSANDRO ROSSI                         |                 |                   |            |
| Address  | 1298 N. PALM AVE                         |                 |                   |            |

### Name and Address of Current Registered Agent:

# DOCUMENT# L21000203603

Entity Name: ALGIDA, LLC

### **Current Principal Place of Business:**

1298 N. PALM AVE SARASOTA, FL 34236

#### **Current Mailing Address:**

1298 N. PALM AVE SARASOTA, FL 34236

## FEI Number: 87-0907751

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

City-State-Zip: SARASOTA FL 34236

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: GIOVANNI MIGLIORINI

MGR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 27, 2024 Secretary of State 9354199133CC

Certificate of Status Desired: No