

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000226809

**Entity Name:** SALMANCA LLC

**Current Principal Place of Business:**

2020 N BAYSHORE DR APT 1209  
MIAMI, FL 33137

**Current Mailing Address:**

2020 N BAYSHORE DR APT 1209  
MIAMI, FL 33137 US

**FEI Number:** 87-1169114

**Certificate of Status Desired:** No

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

MAGLIOCCA, PIETRO  
2020 N BAYSHORE DR APT 1209  
MIAMI, FL 33137 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	AMBR	Title	MANAGER
Name	MAGLIOCCA, PIETRO	Name	IRINA, MAKARENKO
Address	2020 N BAYSHORE DR APT 1209	Address	2020 N BAYSHORE DR APT 1209
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

*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:** PIETRO MAGLIOCCA

AMBR

01/10/2023

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

\_\_\_\_\_  
Date