

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000446433

**Entity Name:** HOMNNI LLC**Current Principal Place of Business:**7950 NW 53RD STREET  
SUITE 118  
DORAL, FL 33166**Current Mailing Address:**7950 NW 53RD STREET, SUITE 118  
SUITE 118  
DORAL, FL 33166 US**FEI Number:** 38-4242634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSCAR GASTAUDO PA  
7950 NW 53RD STREET  
SUITE 118  
DORAL, FL 33166 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	MGR
Name	GASTAUDO, OSCAR F
Address	7950 NW 53RD STREET, SUITE 118
City-State-Zip:	DORAL FL 33178

Title	AMBR
Name	ODETTI, HUMBERTO L
Address	7950 NW 53RD STREET, SUITE 118
City-State-Zip:	DORAL FL 33166

Title	AMBR
Name	ODETTI, MARIA A
Address	7950 NW 53RD STREET, SUITE 118
City-State-Zip:	DORAL FL 33166

Title	MGR
Name	ODETTI, HUMBERTO L
Address	7950 NW 53RD STREET, SUITE 118
City-State-Zip:	DORAL FL 33166

Title	AMBR
Name	ODETTI, NORA FERNANDA
Address	7950 NW 53RD STREET SUITE 118
City-State-Zip:	DORAL FL 33166

Title	AMBR
Name	ODETTI, IVANA LETICIA
Address	7950 NW 53RD STREET SUITE 118
City-State-Zip:	DORAL FL 33166

*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:** OSCAR FABIAN GASTAUDO**MANAGER****03/28/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date