

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000059002

**Entity Name:** LORY LELE INC

**Current Principal Place of Business:**

1680 MICHIGAN AVE  
STE 910  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1680 MICHIGAN AVE  
STE 910  
MIAMI BEACH, FL 33139 US

**FEI Number:** 82-2286536

**Certificate of Status Desired:** No

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

PICINELLI, GIORGIO  
1680 MICHIGAN AVE  
STE 910  
MIAMI BEACH, FL 33139 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

**Officer/Director Detail :**

Title P  
Name NOCERA, MARIA  
Address VIA NARDONESS 66  
City-State-Zip: NAPOLI 80182

Title VP  
Name NOCERA, MARIA  
Address VIA NARDONESS 66  
City-State-Zip: NAPOLI 80182

Title S  
Name NOCERA, MARIA  
Address VIA NARDONESS 66  
City-State-Zip: NAPOLI 80182

Title T  
Name NOCERA, MARIA  
Address VIA NARDONESS 66  
City-State-Zip: NAPOLI 80182

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA NOCERA

P

03/26/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date