

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039499

Entity Name: LATORO, LLC**Current Principal Place of Business:**531 15TH STREET #13
MIAMI BEACH, FL 33139**Current Mailing Address:**531 15TH STREET #13
MIAMI BEACH, FL 33139 US**FEI Number:** 26-2451687**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PELLICCIOTTI, ANTONINO
531 15TH STREET #13
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**Authorized Person(s) Detail :**

Title MGR
Name PELLICCIOTTI, ANTONINO
Address 531 15TH STREET #13
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name MARTINIELLO, ANGELINA
Address 531 15TH STREET #13
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name PELLICCIOTTI, CONSALVO
Address 531 15TH STREET #13
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name PELLICCIOTTI, LAURA
Address 531 15TH STREET #13
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name PELLICCIOTTI, ROBERTO
Address 531 15TH STREET #13
City-State-Zip: MIAMI BEACH FL 33139

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: ANTONINO PELLICCIOTTI

MEMBER/MANAGER

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date