

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074479

Entity Name: C DURING LLC**Current Principal Place of Business:**1600 PONCE DE LEON BLVD FLOOR 10 #32
SUITE 1000
CORAL GABLES, FL 33134**Current Mailing Address:**1600 PONCE DE LEON BLVD FLOOR 10 #32
SUITE 1000
CORAL GABLES, FL 33134 US**FEI Number:** 37-1642944**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DURANTE, ANNA
1600 PONCE DE LEON BLVD FLOOR 10 #32
SUITE 1000
CORAL GABLES, FL 33134 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	DIRECTOR
Name	DURANTE, ANNA VALENTINA
Address	1600 PONCE DE LEON BLVD FLOOR 10 #32 SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	DURANTE, MICHELE
Address	1600 PONCE DE LEON BLVD FLOOR 10 #32 SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	SASSANO GROUP USA, LLC
Address	1600 PONCE DE LEON BLVD FLOOR 10 #32 SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

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: ANNA DURANTE**DIRECTOR****04/22/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date