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 MAGGIO CIPRIANI	MANAGER	10/26/2018

110 EAST 42ND STREET

City-State-Zip: NEW YORK NY 10017

## Authorized Person(s) Detail :

Title MANAGER Name **CIPRIANI, MAGGIO** Address

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

#### DOCUMENT# L12000021152

Entity Name: CIPRIANI MIAMI RESTAURANT LLC

#### **Current Principal Place of Business:**

110 EAST 42ND STREET NEW YORK, NY 10017

# **Current Mailing Address:**

110 EAST 42ND STREET NEW YORK, NY 10017

#### FEI Number: 45-4668586

# Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 N CALHOUN ST STE. 4 TALLAHASSEE, FL 32301 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: JACQUELINE ALMEIDA

Electronic Signature of Registered Agent

MANAGER

Certificate of Status Desired: No

10/26/2018

Date

Date

# FILED Oct 26, 2018 Secretary of State CC5979430223

Electronic Signature of Signing Authorized Person(s) Detail