

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000007068

**Entity Name:** SARFLOR, LLC

**Current Principal Place of Business:**

9852 SW 27 TER  
MIAMI, FL 33165

**Current Mailing Address:**

PO BOX 22-6725  
MIAMI, FL 33222 US

**FEI Number:** 36-4777664

**Certificate of Status Desired:** No

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

PILIA, BRUNO  
9852 SW 27 TER  
MIAMI, FL 33165 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 MGRM  
Name PILIA, BRUNO  
Address PO BOX 22-6725  
City-State-Zip: MIAMI FL 33222

Title MGRM  
Name PILIA, LUCA  
Address PO BOX 22-6725  
City-State-Zip: MIAMI FL 33222

*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:** BRUNO PILIA

**MANAGER**

**06/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date