2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2017
Secretary of State
CC2757751832

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Entity Name: NAPOLI NINE LLC

Current Principal Place of Business:

2655 LEJEUNE ROAD
SUITE 316
CORAL GABLES, FL 33134

Current Mailing Address:

2655 LEJEUNE ROAD
SUITE 316
CORAL GABLES, FL 33134

FEI Number: 45-4994020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA COMPANY REGISTRY INC.
2655 LEJEUNE ROAD
SUITE 316
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	AUTHORIZED REPRESENTATIVE
Name	FREED, OWEN S
Address	10 EDGEWATER DRIVE #4C
City-State-Zip:	CORAL GABLES FL 33133

Title	MANAGER
Name	NAPOLI, MARCELO RAFAEL
Address	VIA FERRANCINI #1
City-State-Zip:	VIDOR (TREVISO) ITALY 31020

Title	MANAGER
Name	PEREZ, VILMA VELIA
Address	VIA FERRANCINI #1
City-State-Zip:	VIDOR (TREVISO) ITALY 31020

Title	MGRM
Name	NAPOLI, MARCELO LUIS
Address	VIA FERRANCINI #1
City-State-Zip:	VIDOR (TREVISO) ITALY 31020

Title	MANAGER
Name	NAPOLI, LAURA
Address	VIA FERRANCINI #1
City-State-Zip:	VIDOR (TREVISO) ITALY 31020

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: OWEN S. FREED — AUTHORIZED REPRESENTATIVE — 03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date