

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000171500

Entity Name: MADIE, LLC**Current Principal Place of Business:**9245 SW 157 STREET
210
PALMETTO BAY, FL 33157**Current Mailing Address:**9245 SW 157 STREET
210
PALMETTO BAY, FL 33157**FEI Number:** 90-1034986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANNESSER, DIANE M
9245 SW 157 STREET
210
PALMETTO BAY, FL 33157 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 MARTINO, MARIA
Address LARGO GIACOMO MATTEOTTI #1
CASTEL GANDOLFO
City-State-Zip: ROME ITALY 00040

Title MGR
Name ACERBI, MASSIMO
Address VIA GUISEPPE PEREGO #49
City-State-Zip: ROME ITALY 00144

Title MGR
Name ANNESSER, JULIA K
Address 1610 SE 17TH STREET
City-State-Zip: HOMESTEAD FL 33035

Title MGR
Name CAPRIONI, MARCO
Address VIA ILDEBRANDO VIVANTI #201
City-State-Zip: ROME ITALY 00144

Title MGR
Name BARBARESI, DIEGO
Address VIA MARCO SIMONE #80
GUIDONIA MONTECELIO
City-State-Zip: ROME ITALY 00012

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: JULIA K ANNESSER**MEMBER****02/25/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date