

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066478

**Entity Name:** CLAUDIO XXX, LLC

**Current Principal Place of Business:**

5853 NW 112 CT  
MIAMI, FL 33178

**Current Mailing Address:**

5853 NW 112 CT  
MIAMI, FL 33178

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LATTANZIO, CLAUDIO  
5853 NW 112 CT  
MIAMI, FL 33178 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 AMBR  
Name LATTANZIO, CLAUDIO  
Address 5853 NW 112 CT  
City-State-Zip: MIAMI FL 33178

Title AMBR  
Name HOFFMANN, JERIKA  
Address 5853 NW 112 CT  
City-State-Zip: MIAMI FL 33178

*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:** CLAUDIO LATTANZIO

AMBR

04/23/2015

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

\_\_\_\_\_  
Date