

**2017 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	Title	AMBR
Name	LATTANZIO, CLAUDIO	Name	HOFFMANN, JERIKA
Address	5853 NW 112 CT	Address	5853 NW 112 CT
City-State-Zip:	MIAMI FL 33178	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

MR

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date