

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000071089

**Entity Name:** AZZURRI MOTORSPORTS, LLC

**Current Principal Place of Business:**

2454 BRAMAN AVE.  
UNIT # 16/17  
FORT MYERS, FL 33901

**Current Mailing Address:**

P.O. BOX 62205  
FORT MYERS, FL 33906 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LOUTFY, SHEREF  
2454 BRAMAN AVE  
UNIT # 16/17  
FORT MYERS, FL 33901 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 MGR  
Name FERNANDO , ANDRADE  
Address 2454 BRAMAN AVE  
UNITE # 16 & 17  
City-State-Zip: FORT MYERS FL 33901

Title MGR  
Name MOHAMED , ELBADAWY  
Address P.O. BOX 62205  
City-State-Zip: FORT MYERS FL 33906

*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:** ELBADAWY MOHAMED

**MGR**

**05/01/2017**

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

\_\_\_\_\_  
Date