

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146894

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC0736410304**

**Entity Name:** CLAUDIO PISTOLESI ENTERPRISE, LLC

**Current Principal Place of Business:**

199 LA PASADA CIR EAST  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

199 LA PASADA CIR EAST  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 47-1887665

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PISTOLESI, CLAUDIO  
Address 199 LA PASADA CIR EAST  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR  
Name YOSHIZAWA, CRISTINA  
Address 199 LA PASADA CIR EAST  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title AMBR  
Name MELCHIONNA, LUCA CM ESQ  
Address 1120 AVE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

*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:** LUCA CM MELCHIONNA

**AUTHORIZED AGENT**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date