

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000027630

Entity Name: CARMELASA, LLC

Current Principal Place of Business:

C/O FS&A
250 CATALONIA AVENUE, SUITE600
CORAL GABLES, FL 33134

Current Mailing Address:

C/O FS&A
250 CATALONIA AVENUE, SUITE600
CORAL GABLES, FL 33134 US

FEI Number: 38-3958310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, DANIEL
250 CATALONIA AVENUE
SUITE 600
CORAL GABLES, FL 33134 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: DANIEL FERNANDEZ

04/30/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name VIZZI, CARMELA
Address C/O FS&A
250 CATALONIA AVENUE, SUITE600
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name SACCHETTI, MASSIMO
Address C/O FS&A
250 CATALONIA AVENUE, SUITE600
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name SACCHETTI, VITTORIO
Address C/O FS&A
250 CATALONIA AVENUE, SUITE600
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name SACCHETTI, LUCIANO
Address C/O FS&A
250 CATALONIA AVENUE, SUITE600
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ITALIANO, MAXIMO
Address C/O FS&A
250 CATALONIA AVENUE, SUITE600
City-State-Zip: CORAL GABLES FL 33134

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: MAXIMO ITALIANO

MANAGER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date