

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000030992

**Entity Name:** COMPONENTI USA LLC

**Current Principal Place of Business:**

4810 NW 35TH AVENUE  
MIAMI, FL 33142

**Current Mailing Address:**

4810 NW 35TH AVENUE  
MIAMI, FL 33142 US

**FEI Number:** 47-3192439

**Certificate of Status Desired:** Yes

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

GARRAMBONE, SCOT B  
4810 NW 35TH AVENUE  
MIAMI, FL 33142 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 CEO  
Name GUILLEMI, MAGDIEL  
Address 4810 NW 35TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title MGR  
Name GM&P CONSULTING & GLAZING CONTRACTORS, INC  
Address 3550 NW 49TH STREET  
City-State-Zip: MIAMI FL 33142

Title CFO  
Name GARRAMBONE, SCOT B  
Address 4810 NW 35TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title MGR  
Name ZAMKA LLC  
Address 10653 NE QUAY BRIDGE CT  
City-State-Zip: MIAMI FL 33138

Title MGR  
Name MONTI, GIOVANNI  
Address 800 CLAUGHTON ISLAND DR UNIT 1203  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name AMIN, CARLOS  
Address 10653 NE QUAYBRIDGE CT  
City-State-Zip: MIAMI FL 33138

*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:** SCOT GARRAMBONE

CFO

01/10/2017

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

\_\_\_\_\_ Date