

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000180991

**Entity Name:** ITALPOINT DISTRIBUTION, LLC.

**Current Principal Place of Business:**

7100 NW 12TH STREET  
STE 205  
MIAMI, FL 33126

**Current Mailing Address:**

7100 NW 12TH STREET, SUITE #210  
MIAMI, FL 33126 US

**FEI Number:** 47-5391565

**Certificate of Status Desired:** No

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

CAPPELLETI, JAVIER E  
7100 NW 12TH STREET, SUITE #210  
MIAMI, FL 33126 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	Title	AUTHORIZED MEMBER
Name	CAPPELLETI, JAVIER E	Name	ITALTASTE, INC.
Address	7100 NW 12TH STREET, SUITE #210	Address	2000 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33137

*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:** JAVIER E CAPPELLETI

06/23/2020

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

\_\_\_\_\_ Date