

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000040772

**Entity Name:** MIAMI'S CICERONE LLC

**Current Principal Place of Business:**

7700 N KENDALL DR  
SUITE 405  
MIAMI, FL 33156

**Current Mailing Address:**

7700 N KENDALL DR  
SUITE 405  
MIAMI, FL 33156 US

**FEI Number:** 82-0638530

**Certificate of Status Desired:** No

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

TRIFILETTI, ROBERT  
1578 NE 110TH ST  
MIAMI, FL 33161 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	DIRECTOR	Title	AUTHORIZED MEMBER
Name	TRIFILETTI, ROBERT	Name	TRIFILETTI, ROBERT
Address	1578 NE 110TH ST	Address	1578 NE 110TH ST
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33161

*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:** ROBERT TRIFILETTI

**DIRECTOR**

**06/26/2020**

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

\_\_\_\_\_  
Date