

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000065047

**Entity Name:** CIBO SPECIALTY FOODSERVICE LLC

**Current Principal Place of Business:**

6995 NW 82ND AVE  
BAY 33  
MIAMI, FL 33166

**Current Mailing Address:**

6995 NW 82ND AVE  
BAY 33  
MIAMI, FL 33166 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CINOTTI LLP  
66 WEST FLAGLER STREET, 1002  
MIAMI, FL 33130 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 REPRESENTATIVE
Name	COLAVITA USA, L.L.C.	Name	DI FABIO, STEFANO
Address	1 RUNYONS LN	Address	6995 NW 82ND AVE BAY 33
City-State-Zip:	EDISON NJ 08817	City-State-Zip:	MIAMI FL 33166
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	DI FABIO, MARCO	Name	JIMENEZ, JESUS JOSE
Address	6995 NW 82ND AVE BAY 33	Address	6995 NW 82ND AVE BAY 33
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

*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:** STEFANO DI FABIO

**MANAGER**

**01/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date