

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000067459

**Entity Name:** DEMELLO REALTY, LLC

**Current Principal Place of Business:**

150 SE 2ND AVE  
SUITE 203  
MIAMI, FL 33131

**FILED**  
**Jan 27, 2025**  
**Secretary of State**  
**0208001863CC**

**Current Mailing Address:**

150 SE 2ND AVE  
SUITE 203  
MIAMI, FL 33131 UN

**FEI Number:** 82-5037828

**Certificate of Status Desired:** No

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

DEMELLO, ANDREW  
1503 ALBERCA STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            DEMELLO, ANDREW  
Address        1503 ALBERCA STREET  
City-State-Zip: CORAL GABLES FL 33134  
  
Title            AMBR, AUTHORIZED MEMBER  
Name            DEMELLO, BRYAN  
Address        1503 ALBERCA STREET  
City-State-Zip: CORAL GABLES FL 33134

Title            MBR  
Name            DEMELLO, PAULA  
Address        1503 ALBERCA STREET  
City-State-Zip: CORAL GABLES FL 33134  
  
Title            MBR  
Name            DEMELLO, DANIEL  
Address        1503 ALBERCA STREET  
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:** ANDREW DEMELLO

AMBR

01/27/2025

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

\_\_\_\_\_  
Date