

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000114285

**Entity Name:** SAULI LLC

**Current Principal Place of Business:**

5966 SOUTH DIXIE HIGHWAY  
SUITE 300  
MIAMI, FL 33143

**Current Mailing Address:**

5966 SOUTH DIXIE HIGHWAY  
SUITE 300  
MIAMI, FL 33143 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

VDT CORPORATE SERVICES LLC  
5966 SOUTH DIXIE HIGHWAY  
SUITE 300  
MIAMI, FL 33143 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  
Name ARBIZA MANGIAROTTI, ADRIANA RAQUEL  
Address 5966 SOUTH DIXIE HIGHWAY SUITE 300  
City-State-Zip: MIAMI FL 33143

Title MEMBER  
Name PEREZ DE LEON, ALDO  
Address 5966 SOUTH DIXIE HIGHWAY SUITE 300  
City-State-Zip: MIAMI FL 33143

Title MEMBER  
Name PEREZ ARBIZA, AGUSTIN  
Address 5966 SOUTH DIXIE HIGHWAY SUITE 300  
City-State-Zip: MIAMI FL 33143

*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:** ARBIZA MANGIAROTTI , ADRIANA RAQUEL

**MANAGER**

**02/10/2021**

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

\_\_\_\_\_  
Date