

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000059115

**Entity Name:** FREIGHT INFRASOL LLC**Current Principal Place of Business:**2222 PONCE DE LEON BLVD  
3RD FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**2222 PONCE DE LEON BLVD  
3RD FLOOR  
CORAL GABLES, FL 33134 US**FEI Number:** 83-4493357**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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 ADAELICO, LLC  
Address 2222 PONCE DE LEON BLVD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CARBALLO, HECTOR  
Address 2222 PONCE DE LEON BLVD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name SANZ DE SANTAMARIA, ENRIQUE  
Address 2222 PONCE DE LEON BLVD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ABDULLA, ABRAHEEM  
Address 2222 PONCE DE LEON BLVD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CARDENAS, PAULA  
Address 2222 PONCE DE LEON BLVD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name PAZZETTY, PIETRO  
Address 2222 PONCE DE LEON BLVD  
3RD FLOOR  
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:** ABRAHEEM ABDULLA

MGR

03/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date