

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000157080

Entity Name: CONNAISSANCE ADVISORY LLC**Current Principal Place of Business:**5880 COLLINS AVENUE
SUITE 1002
MIAMI BEACH, FL 33140**Current Mailing Address:**5880 COLLINS AVENUE
SUITE 1002
MIAMI BEACH, FL 33140 US**FEI Number:** 84-2250329**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GONZALEZ, BLAS
5880 COLLINS AVENUE
SUITE 1002
MIAMI BEACH, FL 33140 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	RODRIGUEZ, JORGE
Address	2619 BAYSHORE BLVD. UNIT 1600
City-State-Zip:	TAMPA FL 33629
Title	AMBR
Name	DASILVA, SIMONE
Address	5880 COLLINS AVENUE, SUITE 1002
City-State-Zip:	MIAMI BEACH FL 33140

Title	AMBR
Name	KANE-RODRIGUEZ, JUDITH
Address	2619 BAYSHORE BLVD. UNIT 1600
City-State-Zip:	TAMPA FL 33629
Title	AMBR
Name	GONZALEZ, BLAS
Address	5880 COLLINS AVENUE, SUITE 1002
City-State-Zip:	MIAMI BEACH FL 33140

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: JORGE RODRIGUEZ**01/07/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date