

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000240268

**Entity Name:** FASOLA LLC

**Current Principal Place of Business:**

2873 BOOKMARK DR  
KISSIMMEE, FL 34746

**Current Mailing Address:**

5401 S KIRKMAN RD  
SUITE 135  
ORLANDO, FL 32819 US

**FEI Number:** 38-4128653

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S KIRKMAN RD  
SUITE 135  
ORLANDO, FL 32819 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	Title	AMBR
Name	SOSA ARREAZA, VICENTE	Name	L MENDEZ, KATHERINE
Address	OCTAVIO ANILLO Y AV. CRISTO REDENTOR 27	Address	OCTAVIO ANILLO Y AV. CRISTO REDENTOR 27
City-State-Zip:	SANTA CRUZ SC 0000	City-State-Zip:	SANTA CRUZ SC 0000

*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:** SOSA ARREAZA , VICENTE

AMBR

02/26/2020

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

\_\_\_\_\_  
Date