

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000388819

**Entity Name:** CONDOTTE AMERICA, LLC**Current Principal Place of Business:**10790 N.W. 127TH ST  
MEDLEY, FL 33178**Current Mailing Address:**10790 N.W. 127TH ST  
MEDLEY, FL 33178 US**FEI Number:** 65-0012669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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, PRESIDENT  
Name MENDOZA, ANDRES  
Address 10790 N.W. 127TH ST  
City-State-Zip: MEDLEY FL 33178

Title VP, CFO, ASSISTANT TREASURER  
Name LOGIUDICE, LUCIANO  
Address 10790 N.W. 127TH ST  
City-State-Zip: MEDLEY FL 33178

Title VP, SECRETARY  
Name MARLEY, BRENT  
Address 10790 N.W. 127TH ST  
City-State-Zip: MEDLEY FL 33178

Title ASSISTANT SECRETARY  
Name DE CARDENAS, ALBERTO  
Address 800 S DOUGLAS RD  
#1200  
City-State-Zip: CORAL GABLES FL 33134

Title EVP  
Name APPLE, ROBERT  
Address 800 S DOUGLAS RD  
#1200  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name VOLPI, ADRIANO  
Address 10790 N.W. 127TH ST  
City-State-Zip: MEDLEY FL 33178

Title TREASURER  
Name DIMARCO, PAUL  
Address 800 S DOUGLAS RD  
#1200  
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:** ALBERTO DE CARDENAS**ASST. SECRETARY****04/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date