

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000251107

**Entity Name:** 8545 SERVICES LLC

**Current Principal Place of Business:**

8545 OLD CUTLER RD  
CORAL GABLES, FL 33143

**Current Mailing Address:**

8545 OLD CUTLER ROAD  
CORAL GABLES, FL 33143 US

**FEI Number:** 87-0932653

**Certificate of Status Desired:** No

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

FINAZZO, NICOLAS  
8545 OLD CUTLER RD  
CORAL GABLES, 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 FINAZZO, NICOLAS  
Address 8545 OLD CUTLER RD  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name FINAZZO, ROSE ANN  
Address 8545 OLD CUTLER RD  
City-State-Zip: CORAL GABLES FL 33143

Title AP  
Name PRESTON, LAWRENCE I  
Address 1843 NW 96TH AVENUE  
City-State-Zip: PLANTATION FL 33322

*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:** NICOLAS FINAZZO

**MANAGER**

**03/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date