

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000046561

**Entity Name:** ROSSI USA LLC

**Current Principal Place of Business:**

7751 KINGSPONTE PARKWAY  
STE 109  
ORLANDO, FL 32819

**Current Mailing Address:**

7751 KINGSPONTE PARKWAY  
STE 109  
ORLANDO, FL 32819

**FEI Number:** 36-5015009

**Certificate of Status Desired:** No

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

MOLINE REAL PROPERTY INVESTMENTS, INC  
7751 KINGSPONTE PARKWAY  
STE 109  
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  
Name ROSSI DA SILVA, FABIO  
Address RUA RODRIGO CLAUDIO, 308 APT 32  
City-State-Zip: SAO PAULO SP 01532--020

Title AMBR  
Name PAULELLA ROSSI, ANA CECILIA C  
Address RUA RODRIGO CLAUDIO, 308 APT 32  
City-State-Zip: SAO PAULO SP 01532--020

Title AMBR  
Name PAULELLA ROSSI, ANA BEATRIZ  
Address RUA RODRIGO CLAUDIO, 308 APT 32  
City-State-Zip: SAO PAULO SP 01532--020

Title AMBR  
Name PAULELLA ROSSI, GABRIEL  
Address RUA RODRIGO CLAUDIO, 308 APT 32  
City-State-Zip: SAO PAULO SP 01532--020

Title MGR  
Name SOARES AGUIAR, VENCESLAU JR  
Address 8749 THE ESPLANADE APT 26  
City-State-Zip: ORLANDO FL 32836

*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:** FABIO ROSSI DA SILVA

AMBR

04/15/2024

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

\_\_\_\_\_  
Date