

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000405893

Entity Name: HOSPITALITY BM PROJECT LLC**Current Principal Place of Business:**3624 RIVERLAND RD
FORT LAUDERDALE, FL 33312**Current Mailing Address:**501 SE 2ND ST
BELLAGAMBA'S FINE ITALIAN RESTAURANT SUITE 101
FORT LAUDERDALE, FL 33301 US**FEI Number:** 92-0384527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELLAGAMBA, DAVIDE
3624 RIVERLAND RD
FORT LAUDERDALE, FL 33312 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	MBR
Name	BELLAGAMBA, DAVIDE
Address	3624 RIVERLAND RD
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	MBR
Name	MINOPRIO, KLAUS E
Address	4945 SW 71ST PL
City-State-Zip:	MIAMI FL 33155

Title	MBR
Name	DE ANGELIS, CATHRINE F
Address	3624 RIVERLAND RD
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	MBR
Name	CAVALIERI, ALEJANDRA I
Address	4945 SW 71ST PL
City-State-Zip:	MIAMI FL 33155

Title	AUTHORIZED REPRESENTATIVE
Name	DE ANGELIS, CATHRINE FLAVIA
Address	501 SE 2ND ST 101
City-State-Zip:	FORT LAUDERDALE FL 33301

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: BELLAGAMBA, DAVIDE**OWNER/MEMBER****01/16/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date