

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000315779

**Entity Name:** CLAUDE AMORISSANI BROTHERS LLC

**Current Principal Place of Business:**

10946 NW 14TH AVE  
APT K112  
MIAMI, FL 33167

**Current Mailing Address:**

10946 NW 14TH AVE  
APT K112  
MIAMI, FL 33167

**FEI Number:** 99-1347140

**Certificate of Status Desired:** No

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

KABLAN, AMON K  
10946 NW 14TH AVE  
APT K112  
MIAMI, FL 33167 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 AMORISSANI EPSE F., AMAH M  
Address 10946 NW 14TH AVE, K112  
City-State-Zip: MIAMI FL 33167

Title AMBR  
Name GBA NEE AMORISSANI, EKOUA G  
Address 10946 NW 14TH AVE, K112  
City-State-Zip: MIAMI FL 33167

Title AMBR  
Name AMORISSANI, MAXIME  
Address 10946 NW 14TH AVE, K112  
City-State-Zip: MIAMI FL 33167

Title AMBR  
Name AMORISANI EPSE P., CHANTAL E  
Address 10946 NW 14TH AVE, K112  
City-State-Zip: MIAMI FL 33167

Title AMBR  
Name AMORISSANI, CHARLES C  
Address 10946 NW 14TH AVE, K112  
City-State-Zip: MIAMI FL 33167

Title AMBR  
Name AMORISANI, GNIMA A  
Address 10946 NW 14TH AVE, K112  
City-State-Zip: MIAMI FL 33167

*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:** AMORISSANI EPSE F. , AMAH M

**MANAGER**

**03/28/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date