

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067565

Entity Name: DENEEN OLIVIERI WALLCOVERING LLC

Current Principal Place of Business:

510 S. WINTER PARK DR.
CASSELBERRY, FL 32707

Current Mailing Address:

P.O.BOX 185
WINTER PARK, FL 32790 US

FEI Number: 30-0311286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVIERI, DENEEN
510 S. WINTER PARK DR.
CASSELBERRY, FL 32707 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 OLIVIERI, DENEEN M
Address 510 S. WINTER PARK DR.
City-State-Zip: CASSELBERRY FL 32707

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: DENEEN OLIVIERI

MGR

04/09/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date