

**2020 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

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date