

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091347

**Entity Name:** 5193 CANNON WAY, LLC

**Current Principal Place of Business:**

C/O WILLA FEARRINGTON, ESQ.  
374 GOFVIEW ROAD, UNIT 104  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

C/O WILLA FEARRINGTON, ESQ.  
374 GOFVIEW ROAD, UNIT 104  
NORTH PALM BEACH, FL 33408

**FEI Number:** 15-6429500

**Certificate of Status Desired:** No

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

FEARRINGTON, WILLA AESQ.  
374 GOFVIEW ROAD  
UNIT 104  
NORTH PALM BEACH, FL 33408 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            MANDELLO, JERRY  
Address        216 NOTTINGHAM BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            MGRM  
Name            MANDELLO, MARCY  
Address        216 NOTTINGHAM BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

*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:** JERRY MMANDELLO

**MGR**

**01/22/2016**

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

\_\_\_\_\_  
Date