

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000122982

**Entity Name:** FANASTA LLC

**Current Principal Place of Business:**

14690 SW 33RD COURT  
MIRAMAR, FL 33327

**Current Mailing Address:**

14690 SW 33RD COURT  
MIRAMAR, FL 33327

**FEI Number:** 43-2117256

**Certificate of Status Desired:** No

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

FONTAINE, M-LUNIE  
14690 SW 33RD CT  
MIRAMAR, FL 33327 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 MGRM  
Name FONTAINE, M-LUNIE  
Address 14690 SW 33RD CT  
City-State-Zip: MIRAMAR FL 33327

Title MGRM  
Name FONTAINE, EMMANUEL  
Address 14690 SW 33RD CT  
City-State-Zip: MIRAMAR FL 33327

Title AUTHORIZED MEMBER  
Name FONTAINE, FARRAH L ESQ.  
Address 14690 SW 33RD COURT  
City-State-Zip: MIRAMAR FL 33327

Title AUTHORIZED MEMBER  
Name FONTAINE KUMBULA, NATASHA N DR.  
Address 8619 AUGUSTA FARM LANE  
City-State-Zip: GAITHERSBURG MD 20882

Title AUTHORIZED MEMBER  
Name FONTAINE SKELLY, STACEY L  
Address 18741 VICTORY BLVD  
City-State-Zip: RESEDA CA 91345

*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:** EMMANUEL J. FONTAINE

**MANAGING MEMBER**

**03/04/2019**

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

\_\_\_\_\_  
Date