# SIGNATURE: PAOLA KOVNICK

Electronic Signature of Signing Authorized Person(s) Detail

#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L0700006335

Entity Name: DISCOVERSORIANO.COM, LLC

# **Current Principal Place of Business:**

301 W. PLATT ST 222 TAMPA, FL 33606

#### **Current Mailing Address:**

301 W. PLATT ST 222 TAMPA, FL 33606 US

## FEI Number: 20-8262560

## Name and Address of Current Registered Agent:

PARACORP 155 OFFICE PLAZA DRIVE **1ST FLOOR** TALLAHASSEE, FL 32301 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	E PAOLA KOVNICK			01/12/20
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	CHAIRMAN	Title	SECRETARY	
Name	KOVNICK, MICHAEL C	Name	KOVNICK, PAOLA	
Address	301 W. PLATT ST 222	Address	301 W. PLATT ST 222	
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606	
Title	CFO	Title	AUTHORIZED REPRESENTAT	IVE
Name	SALTZMAN, SAMUEL CHARLES	Name	KOVNICK, ALYSSA ARLENE	
Address	301 W. PLATT ST 222	Address	301 W. PLATT ST 222	
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606	
Title	CEO			
Name	COHEN, ROBERT JAY			
Address	200 SHADY PLACE DR			
City-State-Zip:	WACO TX 76712			

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.

SECRETARY

01/12/2017

FILED Jan 12, 2017 Secretary of State CC4913938821

2017

Certificate of Status Desired: Yes

Date