2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031948

Entity Name: CANNONE FAMILY, LLC

Current Principal Place of Business:

4280 GALT OCEAN DRIVE PH C FORT LAUDERDALE, FL 33308

Current Mailing Address:

4280 GALT OCEAN DRIVE PH C FORT LAUDERDALE, FL 33308 US

FEI Number: 26-0591790

Name and Address of Current Registered Agent:

RIVES, HOWARD PIII C/O RIVES & RIVES, P.A. 1265 S. MYRTLE AVENUE CLEARWATER, FL 33756-3470 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

Authorized Person(s) Detail :

Title Name	MGRM	Title	MGRM
Name			
	CANNONE, MICHAEL	Name	CANNONE, MATILDA T
Address	4280 GALT OCEAN DRIVE	Address	4280 GALT OCEAN DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33308	City-State-Zip:	FORT LAUDERDALE FL 33308
Title	MGRM	Title	MGRM
The	MORM	11do	
Name	OSTELLA, MARYANNE	Name	CANNONE-DIVINCENTIIS, AMY
Address	4280 GALT OCEAN DRIVE	Address	4280 GALT OCEAN DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33308	City-State-Zip:	FORT LAUDERDALE FL 33308
Title	MGRM		
Name	CANNONE, VITO		
Address	4280 GALT OCEAN DRIVE		
	Address City-State-Zip: Title Name Address City-State-Zip: Title Name	Address4280 GALT OCEAN DRIVECity-State-Zip:FORT LAUDERDALE FL 33308TitleMGRMNameOSTELLA, MARYANNEAddress4280 GALT OCEAN DRIVECity-State-Zip:FORT LAUDERDALE FL 33308TitleMGRMNameCANNONE, VITO	Address4280 GALT OCEAN DRIVEAddressCity-State-Zip:FORT LAUDERDALE FL 33308City-State-Zip:TitleMGRMTitleNameOSTELLA, MARYANNENameAddress4280 GALT OCEAN DRIVEAddressCity-State-Zip:FORT LAUDERDALE FL 33308City-State-Zip:TitleMGRMCity-State-Zip:TitleMGRMCity-State-Zip:TitleMGRMCity-State-Zip:NameCANNONE, VITOControl

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.

MGRM

SIGNATURE: MATILDA CANNONE

City-State-Zip: FORT LAUDERDALE FL 33308

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 06, 2018 Secretary of State CC4999178644

Certificate of Status Desired: Yes

Date