

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031821

**Entity Name:** L STAVOLA MANAGEMENT LLC

**Current Principal Place of Business:**

2933 RIVERVIEW DR  
MELBOURNE, FL 32901

**Current Mailing Address:**

P O BOX 501047  
MALABAR, FL 32950

**FEI Number:** 26-4738348

**Certificate of Status Desired:** No

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

HILL ACCOUNTING AND TAX SERVICE  
314 LAURIE STREET  
MELBOURNE, FL 32935 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 STAVOLA, LINDA  
Address P O BOX 501047  
City-State-Zip: MALABAR FL 32950

Title AUTHORIZED REPRESENTATIVE  
Name JAMES, STAVOLA JR  
Address P O BOX 501047  
City-State-Zip: MALABAR FL 32950

*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:** LINDA.STAVOLA

MGRM

05/01/2019

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

\_\_\_\_\_  
Date