

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072991

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6163228391**

**Entity Name:** COLLARMELE INVESTMENTS, LLC

**Current Principal Place of Business:**

2929 EAST COMMERCIAL BLVD  
PH-D  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2929 EAST COMMERCIAL BLVD  
PH-D  
FORT LAUDERDALE, FL 33308

**FEI Number:** 45-3941755

**Certificate of Status Desired:** No

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

TAGLIOLA, JOSEPH P  
2929 EAST COMMERCIAL BLVD  
PH-D  
FORT LAUDERDALE, FL 33308 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 TAGLIOLA, JOSEPH P  
Address 2929 EAST COMMERCIAL BLVD, PH-D  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MGR  
Name CASSELLA, STEPHEN A  
Address 2929 EAST COMMERCIAL BLVD  
PH-D  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** JOSEPH P TAGLIOLA

**MGRM**

**01/12/2015**

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

\_\_\_\_\_  
Date