

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000073716

Entity Name: BOLCAVAGE-ROSSI LLC

Current Principal Place of Business:

6017 PINE RIDGE RD, STE 221
NAPLES, FL 34119

Current Mailing Address:

6017 PINE RIDGE RD, STE 221
NAPLES, FL 34119

FEI Number: 27-0729257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAX CO
50 NORTH LAURA STREET STE 3300
JACKSONVILLE, FL 32202 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	Title	MGRM
Name	ROSSI, RICHARD	Name	BOLCAVAGE, BARBARA
Address	9814 HUDSON AVENUE	Address	6017 PINE RIDGE ROAD #221
City-State-Zip:	ST LOUIS MO 63119	City-State-Zip:	NAPLES FL 34119

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: RICHARD ROSSI

MANAGING PARTNER

01/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date