

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078189

**Entity Name:** RESTAURANT DELIVERY DEVELOPERS, LLC**Current Principal Place of Business:**4202 W ESTRELLA ST.  
TAMPA, FL 33629**Current Mailing Address:**4202 W ESTRELLA ST.  
TAMPA, FL 33629 US**FEI Number:** 27-0729766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARNIEWICZ, JUDY  
3834 W HUMPHREY ST.  
TAMPA, FL 33614 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	COLANGELO, THOMAS
Address	1629 RIVERVIEW RD. #818
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	MGRM
Name	SINOR, DANIEL O
Address	601 CHANNELSIDE WALK WAY #1339
City-State-Zip:	TAMPA FL 33602

Title	MGRM
Name	MOORE, WILLIAM C
Address	2921 SIMPSON ST.
City-State-Zip:	EVANSTON IL 60201

Title	MGRM
Name	BROWN, ANDREW N
Address	149 JAMES PLACE
City-State-Zip:	MAITLAND FL 32751

*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:** DANIEL O. SINOR

MGRM

03/29/2021

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