

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049199

Entity Name: CONLOSA AND ASSOCIATES LLC**Current Principal Place of Business:**618 SW 3RD STREET,
SUITE 150
CAPE CORAL, FL 33991**Current Mailing Address:**618 SW 3RD STREET,
SUITE 150
CAPE CORAL, FL 33991 US**FEI Number:** 27-2771242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, LUIS A
618 SW 3RD STREET,
SUITE 150
CAPE CORAL, FL 33991 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:** LUIS ALBERTO LOPEZ LASSO

04/22/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	LOPEZ, LUIS A
Address	618 SW 3RD STREET, SUITE 150
City-State-Zip:	CAPE CORAL FL 33991

Title	AUTHORIZED MEMBER
Name	LOPEZ, LUIS A
Address	618 SW 3RD STREET, SUITE 150
City-State-Zip:	CAPE CORAL FL 33991

Title	AUTHORIZED MEMBER
Name	RAMIRO, SUAREZ A
Address	618 SW 3RD STREET, SUITE 150
City-State-Zip:	CAPE CORAL FL 33991

Title	SECRETARY
Name	LOPEZ URENA, LUIS ALBERTO
Address	618 SW 3RD STREET, SUITE 150
City-State-Zip:	CAPE CORAL FL 33991

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: RAMIRO A SUAREZ

AUTHORIZED MEMBER

04/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date