

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000542

**Entity Name:** KESSEL ST. PETE, LLC

**Current Principal Place of Business:**

5150 TAMIAMI TRAIL NORTH, SUITE 304  
C/O LEO J. SALVATORI  
NAPLES, FL 34103

**Current Mailing Address:**

P.O. BOX 47375  
TAMPA, FL 33646 US

**FEI Number:** 27-4465743

**Certificate of Status Desired:** No

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

SALVATORI LAW OFFICE, PLLC  
5150 TAMIAMI TRAIL NORTH  
SUITE 304  
NAPLES, FL 34103 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:** LEO J. SALVATORI

06/29/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KESSEL, JAMES R  
Address P.O. BOX 47375  
City-State-Zip: TAMPA FL 33646

*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:** JAMES R. KESSEL

MANAGER

06/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date