

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011759

**Entity Name:** BOTTAPT, LLC

**Current Principal Place of Business:**

1145 SILAS CREEK PKWY  
WINSTON-SALEM, NC 27127

**Current Mailing Address:**

1145 SILAS CREEK PKWY  
WINSTON-SALEM, NC 27127 US

**FEI Number:** 27-4679332

**Certificate of Status Desired:** No

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

BOTTAZZI, GABRIEL  
1145 SILAS CREEK PKWY  
WINSTON-SALEM, FL 27127 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 BOTTAZZI, GABRIEL  
Address 1145 SILAS CREEK PKWY  
City-State-Zip: WINSTON-SALEM NC 27127

*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:** GABRIEL BOTTAZZI

MR

01/15/2020

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

\_\_\_\_\_  
Date