

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000050258

**Entity Name:** ARRIGO FT. PIERCE, LLC

**Current Principal Place of Business:**

5851 S US HWY 1  
FT PIERCE, FL 34982

**Current Mailing Address:**

6500 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33411 US

**FEI Number: 45-2036336**

**Certificate of Status Desired: Yes**

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

RICHARDSON, KEVIN F  
1401 FORUM PLACE  
SUITE 720  
WEST PALM BEACH, FL 33401 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 ARRIGO, JAMES J  
Address 6500 OKEECHOBEE BOULEVARD  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name ARRIGO, JOHN J  
Address 6500 OKEECHOBEE BLVD  
City-State-Zip: WEST PALM BEACH FL 33411

Title SEC  
Name LANDRUM, VIRGINIA A  
Address 6500 OKEECHOBEE BLVD  
City-State-Zip: WEST PALM BEACH FL 33411

Title TREA  
Name LANDRUM, VIRGINIA A  
Address 6500 OKEECHOBEE BLVD  
City-State-Zip: WEST PALM BEACH FL 33411

Title PRES  
Name ARRIGO, JAMES J  
Address 6500 OKEECHOBEE BLVD  
City-State-Zip: WEST PALM BEACH FL 33411

*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 J ARRIGO**

**MANAGING MEMBER**

**01/29/2014**

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

\_\_\_\_\_  
Date