

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088444

**Entity Name:** VILLA MEDICI 803, LLC

**Current Principal Place of Business:**

1033 NE 17 WAY #803  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

1600 JAY STREET  
ROCHESTER, NY 14611

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MANDEL, PAUL ESQ  
10115 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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 FERRAUILO, JOSEPH D  
Address 1600 JAY STREET  
City-State-Zip: ROCHESTER NY 14611

*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:** JOSEPH D FERRAUILO

**MANAGER**

**02/06/2015**

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

\_\_\_\_\_ Date