

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132434

**Entity Name:** FULLPLATE VENTURES, LLC

**Current Principal Place of Business:**

15 SONNET DRIVE  
EAST GREENWICH, RI 02818

**Current Mailing Address:**

166 VALLEY STREET  
BLDG 6M SUITE 103  
PROVIDENCE, RI 02906 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HL STATUTORY AGENT, INC.  
5811 PELICAN BAY BOULEVARD  
SUITE 650  
NAPLES, FL 34108 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 MMGR  
Name HALPERN, GARY B  
Address 15 SONNET DRIVE  
City-State-Zip: EAST GREENWICH RI 02818

Title MMGR  
Name HALPERN, MINDY S  
Address 15 SONNET DRIVE  
City-State-Zip: EAST GREENWICH RI 02818

*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:** GARY HALPERN

**MANAGER**

**01/16/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date