# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000127318

Entity Name: MICHAEL F. DISCALA TRUST II, LLC

## **Current Principal Place of Business:**

TEN WALL STREET NORWALK, CT 06850

# **Current Mailing Address:**

TEN WALL STREET NORWALK, CT 06850

## FEI Number: 46-1357450

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

CLASP, INC. 3001 TAMIAMI TRAIL NORTH SUITE 400 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:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleMGRNameDISCALA, MICHAEL FAddressTEN WALL STREETCity-State-Zip:NORWALK CT 06850

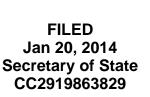
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered 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: MICHAEL F. DISCALA

MEMBER OF LLC

01/20/2014 Date

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: Yes

Date