

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000133234

**Entity Name:** 4223 DEL PRADO LLC

**Current Principal Place of Business:**

2819 SW 46TH ST  
CAPE CORAL, FL 33914

**Current Mailing Address:**

PO BOX 100501  
CAPE CORAL, FL 33910

**FEI Number:** 46-1224421

**Certificate of Status Desired:** No

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

CALELLO, MARIJO  
2819 SW 46TH ST  
CAPE CORAL, FL 33914 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	MGR	Title	MEMBER
Name	CALELLO, MARIJO	Name	TIM REICHERT
Address	3624 DEL PRADO BLVD	Address	PO BOX 100501
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33910

*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:** MARIJO CALELLO

**MANAGER**

**03/18/2015**

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

\_\_\_\_\_  
Date