# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000144715

Entity Name: CVBFL LLC

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

1239 HILLSBORO MILE #403 HILLSBORO BEACH, FL 33062

## **Current Mailing Address:**

3 SUMMER DRIVE FREEHOLD, NJ 07728

## FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

BOTTALICO, CARMELA 1239 HILLSBORO MILE #403 HILLSBORO BEACH, FL 33062 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 :

| Title           | MGRM                               | Title           | MGRM                        |
|-----------------|------------------------------------|-----------------|-----------------------------|
| Name            | BOTTALICO, MICHAEL TRUSTEE         | Name            | BOTTALICO, PASQUALE TRUSTEE |
| Address         | 3 SUMMER DRIVE                     | Address         | 17 THOMYCROFT AVENUE        |
| City-State-Zip: | FREEHOLD NJ 07728                  | City-State-Zip: | STATEN ISLAND NY 10308      |
|                 |                                    |                 |                             |
| Title           | MGRM                               |                 |                             |
| Name            | BOTTALICO DELMAR, MARIA<br>TRUSTEE |                 |                             |
| Address         | 278 TENNYSON DRIVE                 |                 |                             |
| City-State-Zip: | STATEN ISLAND NY 10308             |                 |                             |
|                 |                                    |                 |                             |

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 BOTTALICO

MEMBER

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 06, 2018 Secretary of State CC0290607405

Certificate of Status Desired: No