

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000001311

Entity Name: TOM SCICLUNA LLC

Current Principal Place of Business:

1635 SW 18TH AVENUE
MIAMI, FL 33145

Current Mailing Address:

P.O. BOX 452254
MIAMI, FL 33245

FEI Number: 30-0759566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCICLUNA, THOMAS
1635 SW 18TH AVENUE
MIAMI, FL 33145 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 SCICLUNA, THOMAS MR
Address 1635 SW 18TH AVENUE
City-State-Zip: MIAMI FL 33145

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: THOMAS SCICLUNA

MGRM

01/31/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date