

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000014081

Entity Name: FLORIDILE, LLC**Current Principal Place of Business:**2633 LONGBOAT DRIVE
NAPLES, FL 34104**Current Mailing Address:**2633 LONGBOAT DRIVE
NAPLES, FL 34104**FEI Number:** 46-2099847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAUSSINAND, ALAIN
2633 LONGBOAT DRIVE
NAPLES, FL 34104 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	PICHON, MAX
Address	L'HORMET
City-State-Zip:	42210 SAINT CYR LES VIGNAS XX FRANC-E

Title	MGRM
Name	PICHON, ODILE
Address	L'HORMET
City-State-Zip:	42210 SAINT CYR LES VIGNAS XX FRANC-E

Title	MGRM
Name	CHAUSSINAND, ALAIN
Address	2633 LONGBOAT DRIVE
City-State-Zip:	NAPLES FL 34104

Title	MGRM
Name	CHAUSSINAND, GAYLE
Address	2633 LONGBOAT DRIVE
City-State-Zip:	NAPLES FL 34104

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: ALAIN CHAUSSINAND**MANAGER****03/18/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date