

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000072880

**Entity Name:** 328 N F ST, LLC

**Current Principal Place of Business:**

8297 ROSALIE LN  
WELLINGTON, FL 33414

**Current Mailing Address:**

8297 ROSALIE LN  
WELLINGTON, FL 33414

**FEI Number:** 61-1712715

**Certificate of Status Desired:** No

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

CIARLARIELLO, SHEILA J MRS.  
9753 CAMPI DR  
LAKE WORTH, FL 33467 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 CIARLARIELLO, BRUCE M MR.  
Address 8297 ROSALIE LN  
City-State-Zip: WELLINGTON FL 33414

*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:** BRUCE M CIARLARIELLO

MGRM

01/08/2015

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

\_\_\_\_\_  
Date