

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000169208

Entity Name: ADAM CICCARELLO LLC

Current Principal Place of Business:

4542 W. CLIFTON ST.
TAMPA, FL 33614

Current Mailing Address:

4542 W. CLIFTON ST.
TAMPA, FL 33614

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CICCARELLO, ADAM D
4542 W. CLIFTON ST.
TAMPA, FL 33614 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 SELF
Name CICCARELLO, ADAM D
Address 4542 W CLIFTON ST
City-State-Zip: TAMPA FL 33614

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: ADAM D CICCARELLO

OWNER

04/30/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date