

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000062485

**Entity Name:** SERGI VENTURES, LLC

**Current Principal Place of Business:**

960 CAPE MARCO DRIVE  
UNIT 1502  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

960 CAPE MARCO DRIVE  
UNIT 1502  
MARCO ISLAND, FL 34145 US

**FEI Number:** 46-5422749

**Certificate of Status Desired:** No

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

WEBSTER, RONALD S  
979 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145 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 TRUSTEE UNDER THE DOMINIC M. SERGI TRUST DATED OCTOBER 27, 1994  
Name SERGI, DOMINIC M  
Address 960 CAPE MARCO DRIVE UNIT 1502  
City-State-Zip: MARCO ISLAND FL 34145

Title TRUSTEE UNDER THE DOMINIC M. SERGI TRUST DATED OCTOBER 27, 1994  
Name SERGI, JOANN M  
Address 960 CAPE MARCO DRIVE UNIT 1502  
City-State-Zip: MARCO ISLAND FL 34145

Title TRUSTEE UNDER THE JOANN M. SERGI TRUST DATED OCTOBER 27, 2994  
Name SERGI, JOANN M  
Address 960 CAPE MARCO DRIVE UNIT 1502  
City-State-Zip: MARCO ISLAND FL 34145

Title TRUSTEE UNDER THE JOANN M. SERGI TRUST DATED OCTOBER 27, 1994  
Name SERGI, DOMINIC M  
Address 960 CAPE MARCO DRIVE UNIT 1502  
City-State-Zip: MARCO ISLAND FL 34145

*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:** DOMINIC M. SERGI

**MANAGING MEMBER**

**01/14/2019**

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

\_\_\_\_\_  
Date