# 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.

OWNER

SIGNATURE: BARBARA ZIRILLI-LONERGAN

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED	LIABILITY COMPAN	ANNUAL REPORT

DOCUMENT# L14000099639

Entity Name: ZIRILLI'S CHILLY TREATS, LLC

# **Current Principal Place of Business:**

814 SW PINE ISLAND RD UNIT 308 CAPE CORAL, FL 33991

# **Current Mailing Address:**

439 NW 1ST TER CAPE CORAL, FL 33993 US

# FEI Number: 47-1170506

# Name and Address of Current Registered Agent:

ZIRILLI-LONERGAN, BARBARA 439 NW 1ST TER CAPE CORAL, FL 33993 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

# Authorized Person(s) Detail :

Title	AP	Title	AP
Name	ZIRILLI-LONERGAN, BARBARA	Name	LONERGAN, MATTHEW S
Address	439 NW 1ST TER	Address	439 NW 1ST TER
City-State-Zip:	CAPE CORAL FL 33993	City-State-Zip:	CAPE CORAL FL 33993

FILED Feb 13, 2017 Secretary of State CC7395650233

Certificate of Status Desired: No

02/13/2017 Date

Date