

**2016 FLORIDA LIMITED LIABILITY COMPANY 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

**Certificate of Status Desired:** No

**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

Date

**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

*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:** BARBARA ZIRILLI-LONERGAN

**MANAGER**

**03/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date