# 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

Electronic Signature of Signing Authorized Person(s) Detail

2016	<b>FLORIDA</b>	LIMITED I	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

## 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 :

AP	Title	AP				
ZIRILLI-LONERGAN, BARBARA	Name	LONERGAN, MATTHEW S				
439 NW 1ST TER	Address	439 NW 1ST TER				
CAPE CORAL FL 33993	City-State-Zip:	CAPE CORAL FL 33993				
	AP ZIRILLI-LONERGAN, BARBARA 439 NW 1ST TER	APTitleZIRILLI-LONERGAN, BARBARAName439 NW 1ST TERAddress				

FILED Mar 04, 2016 Secretary of State CC9083521779

Certificate of Status Desired: No

03/04/2016 Date

Date

MANAGER