

2018 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

OWNER

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date