

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000128982

Entity Name: MINKILAND REAL ESTATE, LLC**Current Principal Place of Business:**28870 US HWY. 19 NORTH
SUITE 362
CLEARWATER, FL 33761**Current Mailing Address:**28870 US HWY. 19 NORTH
SUITE 362
CLEARWATER, FL 33761 US**FEI Number:** 47-1620016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARCIERI, FRANCESCO
28870 US HWY. 19 NORTH
SUITE 362
CLEARWATER, FL 33761 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:** FRANCESCO ARCIERI

03/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	ARCIERI, FRANCESCO
Address	28870 US HWY. 19 NORTH SUITE 362
City-State-Zip:	CLEARWATER FL 33761

Title	AUTHORIZED MEMBER
Name	MARZIANI, MARCELLA
Address	28870 US HWY. 19 NORTH SUITE 362
City-State-Zip:	CLEARWATER FL 33761

Title	AUTHORIZED MEMBER
Name	PEPE, LUANA
Address	28870 US HWY. 19 NORTH SUITE 362
City-State-Zip:	CLEARWATER FL 33761

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: FRANCESCO ARCIERI

MANAGER

03/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date