

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159409

**Entity Name:** SERAPIGLIA AGLS, LLC

**Current Principal Place of Business:**

2737 OAKBROOK LN  
WESTON, FL 33332

**Current Mailing Address:**

2737 OAKBROOK LN  
WESTON, FL 33332 US

**FEI Number:** 47-2127351

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SERAPIGLIA, SILVANA  
2737 OAKBROOK LN  
WESTON, FL 33332 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 MGR  
Name SERAPIGLIA, ATILIO  
Address 2737 OAKBROOK LN  
City-State-Zip: WESTON FL 33332

Title MGR  
Name SERAPIGLIA, GIOVANNI  
Address 2737 OAKBROOK LN  
City-State-Zip: WESTON FL 33332

Title MGR  
Name SERAPIGLIA, LUIS  
Address 4248 VINEYARD CIR.  
City-State-Zip: WESTON FL 33332

Title MGR  
Name SERAPIGLIA, SILVANA  
Address 2737 OAKBROOK LN  
City-State-Zip: WESTON FL 33332

*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:** SILVANA SERAPIGLIA

**MGR**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date