

2017 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

03/09/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date