

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000168750

Entity Name: MYFAMILY.HOUSE LLC**Current Principal Place of Business:**600 CLEVELAND ST
SUITE 780
CLEARWATER, FL 33755**Current Mailing Address:**600 CLEVELAND ST
SUITE 780
CLEARWATER, FL 33755 US**FEI Number:** 47-2217275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANZULOVICH, ROBERTO I
600 CLEVELAND ST
SUITE 780
CLEARWATER, FL 33755 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 AUTHORIZED MEMBER
Name ANZULOVICH, ROBERTO I
Address 331 CLEVELAND ST
310
City-State-Zip: CLEARWATER FL 33755

Title MGR
Name FLORES, LUIS ERNESTO
Address 600 CLEVELAND ST
SUITE 780
City-State-Zip: CLEARWATER FL 33755

Title MGR
Name BELLOTTI, LEN
Address 600 CLEVELAND ST
SUITE 780
City-State-Zip: CLEARWATER FL 33755

Title MGR
Name TRAINOR, MARNIE
Address 600 CLEVELAND ST
SUITE 780
City-State-Zip: CLEARWATER FL 33755

Title AUTHORIZED MEMBER
Name ANZULOVICH, BETIANA S
Address 331 CLEVELAND ST
310
City-State-Zip: CLEARWATER FL 33755

Title MGR
Name SANDERS, DAVID
Address 600 CLEVELAND ST
SUITE 780
City-State-Zip: CLEARWATER FL 33755

Title MGR
Name GOMEZ, JAIME
Address 600 CLEVELAND ST
SUITE 780
City-State-Zip: CLEARWATER FL 33755

Title MGR
Name GROTA, ROBERT
Address 600 CLEVELAND ST
SUITE 780
City-State-Zip: CLEARWATER FL 33755

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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: ROBERTO IVAN ANZULOVICH

AUTHORIZED MEMBER

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	DI SANTI, ANNA MARIE
Address	600 CLEVELAND ST SUITE 780
City-State-Zip:	CLEARWATER FL 33755