

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000178719

**Entity Name:** BELTWIDE ENTERPRISES, LLC

**Current Principal Place of Business:**

8870 N HIMES AVENUE  
#353  
TAMPA, FL 33614

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**7465389038CC**

**Current Mailing Address:**

8870 N HIMES AVENUE  
#353  
TAMPA, FL 33614

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

ADAMS, DAVID W  
1925 E. 2ND AVENUE  
TAMPA, FL 33605 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 MGRM  
Name MIGLIANTI, CHARLES G  
Address 8870 N HIMES AVENUE # 353  
City-State-Zip: TAMPA FL 33614

Title MGRM  
Name MIGLIANTI, CARMEN M  
Address 8870 N HIMES AVENUE # 353  
City-State-Zip: TAMPA FL 33614

*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: CHARLES G. MIGLIANTI**

**MGRM**

**04/29/2019**

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

\_\_\_\_\_  
Date