

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000102754

**FILED  
Apr 12, 2018  
Secretary of State  
CC2087204867**

**Entity Name:** PATCELLA & ASSOCIATES LLC

**Current Principal Place of Business:**

320 EAST 46TH ST  
APT 6E  
NEW YORK, NY 10017

**Current Mailing Address:**

320 EAST 46TH ST  
APT 6E  
NEW YORK, NY 10017 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PATCELLA, GREGORY  
7117 PELICAN BAY BLVD  
PH17  
NAPLES, FL 34108 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 AMBR  
Name PATCELLA, GREGORY  
Address 320 EAST 46TH ST APT 6E  
City-State-Zip: NEW YORK NY 10017

Title AMBR  
Name PATCELLA, JESSICA  
Address 320 EAST 46TH ST APT 6E  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE  
Name BROWN, AMY  
Address 255 E FIFTH ST STE 2400  
City-State-Zip: CINCINNATI OH 45202

*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:** AMY BROWN

**AUTHORIZED  
REPRESENTATIVE**

**04/12/2018**

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

\_\_\_\_\_  
Date