

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000136475

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC8655969966**

**Entity Name:** 505 TOWERS TEN, LLC

**Current Principal Place of Business:**

3425 SOUTH ATLANTIC AVENUE  
505  
DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address:**

160 DORIS LANE  
CHICAGO HEIGHTS, IL 60411

**FEI Number:** 47-4791881

**Certificate of Status Desired:** No

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

OLIVARI, MICHAEL P  
55 SETON TRAIL  
ORMOND BEACH, FL 32176 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 GIANNETTA, JOSEPH  
Address 1403 LIBERTY OAKS BLVD.  
City-State-Zip: CEDAR PARK TX 78613

Title MGR  
Name GIANNETTA, MARY  
Address 1403 LIBERTY OAKS BLVD.  
City-State-Zip: CEDAR PARK TX 78613

Title MGR  
Name AGRESTA, FRANK  
Address 160 DORIS LANE  
City-State-Zip: CHICAGO HEIGHTS IL 60411

Title MGR  
Name AGRESTA, ASSUNTA  
Address 160 DORIS LANE  
City-State-Zip: CHICAGO HEIGHTS IL 60411

Title MGR  
Name GIANNETTA, ROBERTO  
Address 20517 TRAVERS AVENUE  
City-State-Zip: CHICAGO HEIGHTS IL 60411

Title MGR  
Name GIANNETTA, LUCY  
Address 20517 TRAVERS AVENUE  
City-State-Zip: CHICAGO HEIGHTS IL 60411

*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:** FRANK AGRESTA

**MANAGING MEMBER**

**02/29/2016**

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

\_\_\_\_\_  
Date