

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000175152

**Entity Name:** PHLEET, LLC

**Current Principal Place of Business:**

423 ALL SAINTS ST. APT. 1  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

423 ALL SAINTS ST. APT.1  
TALLAHASSEE, FL 32301

**FEI Number:** 47-5367544

**Certificate of Status Desired:** No

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

KARNIEWICZ, JUDY ESQ.  
3834 W HUMPHREY ST.  
TAMPA, FL 33614 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	COLANGELO, THOMAS
Address	4110 SW 34TH ST., STE. 16
City-State-Zip:	GAINESVILLE FL 32608
Title	MGR
Name	CAPUTO, SEAN
Address	2650 N MILITARY TRAIL, STE. 440
City-State-Zip:	BOCA RATON FL 33431

Title	MGR
Name	MOORE, WILLIAM C
Address	1540 GLENCOE RD.
City-State-Zip:	WINTER PARK FL 32789
Title	MGR
Name	SINOR, DANIEL O
Address	423 ALL SAINTS ST. APT. 1
City-State-Zip:	TALLAHASSEE FL 32301

*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:** THOMAS COLANGELO

**MGR**

**04/27/2016**

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

\_\_\_\_\_  
Date