### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000005874

Entity Name: MODERNIZED INVESTMENTS, LLC

### **Current Principal Place of Business:**

6900 DANIELS PARKWAY SUITE 29-325 FT. MYERS, FL 33912

# **Current Mailing Address:**

6900 DANIELS PARKWAY SUITE 29-325 FT. MYERS, FL 33912 US

# FEI Number: 81-1171142

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

FAZIO, ANTHONY 6900 DANIELS PARKWAY SUITE 29-325 FT. MYERS, FL 33912 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

## Authorized Person(s) Detail :

| Authonized Person(s) Detail : |                                      |                 |                                      |  |
|-------------------------------|--------------------------------------|-----------------|--------------------------------------|--|
| Title                         | MGR                                  | Title           | MGR                                  |  |
| Name                          | FAZIO, ANTHONY                       | Name            | FAZIO, STEVIE                        |  |
| Address                       | 6900 DANIELS PARKWAY<br>SUITE 29-325 | Address         | 6900 DANIELS PARKWAY<br>SUITE 29-325 |  |
| City-State-Zip:               | FT. MYERS FL 33912                   | City-State-Zip: | FT. MYERS FL 33912                   |  |

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: STEVIE FAZIO

MEMBER-MANAGER

03/03/2021

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date