

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085594

**Entity Name:** ML-METRO, LLC**Current Principal Place of Business:**2261 OCEANWALK DR W  
ATLANTIC BEACH, FL 32233**Current Mailing Address:**2261 OCEANWALK DR W  
ATLANTIC BEACH, FL 32233 US**FEI Number:** 81-2543480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRANOVA, ROBERT J  
2261 OCEANWALK DR W  
ATLANTIC BEACH, FL 32233 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 CASTRANOVA, ROBERT J  
Address 2261 OCEANWALK DR W  
City-State-Zip: ATLANTIC BEACH FL 32233

Title AMBR  
Name KIFER, LARRY L  
Address 143 WHISPERING OAK CIR  
City-State-Zip: ST AUGUSTINE FL 32082

Title AMBR  
Name KIFER, RHONDA L  
Address 143 WHISPERING OAK CIR  
City-State-Zip: ST AUGUSTINE FL 32082

Title AMBR  
Name STEVENS, MICHAEL D  
Address 324 QUAIL POINT DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title AMBR  
Name CATLETT, RICHARD  
Address 324 QUAIL POINT DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title AMBR  
Name DESMEDT, ROBERT  
Address 717 PONTE VEDRA BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title AMBR  
Name ROBERT J. CASTRANOVA, AS  
TRUSTEE OF THE ROBERT J  
CASTRANOVA REVOCABLE TRUST,  
DATED OCT 21, 2005  
Address 2261 OCEANWALK DR W  
City-State-Zip: ATLANTIC BEACH FL 32233

Title AMBR  
Name ANDREW PRADELLA AND JOAN  
PRADELLA, AS TRUSTEE OF THE  
ANDREW AND JOAN PRADELLA  
JOINT REVOCABLE LIVING TRUST,  
DATED DEC 8, 2015  
Address 129 MIDDLETON PLACE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

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*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: ROBERT CASTRANOVA****MR****01/20/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	AMBR
Name	JAMES G FREY AND JOAN S FREY, AS TRUSTEES OF THE JAMES G FREY TRUST, DATED APRIL 28, 2005, AS AMENDED
Address	234 MARSH HOLLOW ROAD
City-State-Zip:	PONTE VEDRA FL 32081