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.

ereby 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
th; 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,

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MEMBER
Name	TOVAR, EMIL
Address	1872 SW 163 AVE
City-State-Zip:	MIRAMAR FL 33027

SIGNATURE: EMIL TOVAR

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.

FEI NUMBER: 81-3437241	
Name and Address of Current Registered Agent:	

то 181 ΡE

DVAR, EMIL			
1 NW 180TH AVE			
MBROKE PINES, FL 3	33029 U	S	

, EMIL	
/ 180TH AVE	
OKE PINES, FL 33029 US	

SIGNATURE: EMIL TOVAR

DOCUMENT# L16000142231

Entity Name: STANZIONE & TOVAR LLC

Current Principal Place of Business:

181 NW 180TH AVE PEMBROKE PINES. FL 33029

Current Mailing Address:

181 NW 180TH AVE PEMBROKE PINES. FL 33029

FEI Number: 81-3437241

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED Oct 26, 2020 Secretary of State 0956082618CC

Certificate of Status Desired: No

10/26/2020 Date

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER