

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000192641

**Entity Name:** CALA FAMILY LLC

**Current Principal Place of Business:**

94 EMERALD LAKE DR  
PALM COAST, FL 32137

**Current Mailing Address:**

94 EMERALD LAKE DR  
PALM COAST, FL 32137 US

**FEI Number: 81-4187780**

**Certificate of Status Desired:** No

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

LCI TAXES  
2729 E MOODY BLVD STE 101  
BUNNELL, FL 32110 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 CALA DE LA ROSA FAMILY  
REVOCABLE TRUST  
Address 94 EMERALD LAKE DR  
City-State-Zip: PALM COAST FL 32137

*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: CALA DE LA ROSA FAMILY REVOCABLE TRUST**

**MANAGER**

**03/28/2018**

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

\_\_\_\_\_  
Date