

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000218079

**Entity Name:** MARIA SGAMBATI, LLC

**Current Principal Place of Business:**

5001 NORTH RIVER BLVD  
PO BOX 9441  
TAMPA, FL 33603

**Current Mailing Address:**

PO BOX 9441  
PO BOX 962  
TAMPA, FL 33674 US

**FEI Number:** 26-3536320

**Certificate of Status Desired:** No

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

SGAMBATI, MARIA M.D.  
5001 NORTH RIVER BLVD  
TAMPA, FL 33603 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 SGAMBATI, MARIA  
Address 16390 HODGES AVE  
City-State-Zip: CEDAR KEY FL 32625

*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:** MARIA SGAMBATI

**PRINCIPAL**

**04/30/2018**

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

\_\_\_\_\_  
Date