that my nam	e appears above, or on a	an attachment with a	ll other like empowered.			
SIGNA	TURE: JOHN P	ASQUINI				

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

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 16508 NW 5TH ST

Current Principal Place of Business:

PEMBROKE PINES, FL 33028 US

FEI Number: 94-1687665

PEMBROKE PINES. FL 33028

DOCUMENT# L17000011289

Name and Address of Current Registered Agent:

PASQUINI, JOHN N 16508 NW 5TH ST PEMBROKE PINES, FL 33028 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:

16508 NW 5TH ST

Electronic Signature of Registered Agent

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: JOHN NICHOLAS PASQUINI ASSOCIATES, LLC.

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	PASQUINI, JOHN N	Name	PASQUINI, JOHN N
Address	16508 NW 5TH ST	Address	16508 NW 5TH ST
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028

Certificate of Status Desired: No

FILED Mar 01, 2021 Secretary of State 8488818976CC

Date

03/01/2021

Date