

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000047413

**Entity Name:** ELIZABETH CALIENES LLC

**Current Principal Place of Business:**

2665 SW 115TH DR  
GAINESVILLE, FL 32608

**Current Mailing Address:**

2665 SW 115TH DR  
GAINESVILLE, FL 32608 US

**FEI Number:** 45-5161048

**Certificate of Status Desired:** No

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

CALIENES, ELIZABETH  
2665 SW 115TH DR  
GAINESVILLE, FL 32608 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            OWNER  
Name            CALIENES, ELIZABETH  
Address        2665 SW 115TH DR  
City-State-Zip: GAINESVILLE FL 32608

Title            OWNER  
Name            DE PORTU, GIULIANO  
Address        2665 SW 115TH DR  
City-State-Zip: GAINESVILLE FL 32608

*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:** ELIZABETH CALIENES

**OWNER**

**01/23/2019**

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

\_\_\_\_\_  
Date