

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000254444

**Entity Name:** LASTITUSVILLE, LLC

**Current Principal Place of Business:**

2746 SE EAGLE DRIVE  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

POST OFFICE BOX 7997  
PORT ST LUCIE, FL 34985 US

**FEI Number:** 82-5131187

**Certificate of Status Desired:** No

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

NORMAN, KENNETH A  
2400 SE FEDERAL HWY, FOURTH FLOOR  
STUART, FL 34995 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 SAMMULI, LYNN A  
Address 2746 SE EAGLE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34984

*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:** LYNN A SAMMULI

MGR

04/22/2019

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

\_\_\_\_\_ Date