

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000135943

**Entity Name:** PON TIKI FRANCHISING, LLC**Current Principal Place of Business:**11701 LAKE VICTORIA GARDENS AVENUE,  
SUITE 2202  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**11701 LAKE VICTORIA GARDENS AVENUE,  
SUITE 2202  
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 36-4901583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN & GRIGSBY, P.C.  
9110 STRADA PLACE  
MERCATO - SUITE 6200  
NAPLES, FL 34108 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	PRONTO, RAYMOND
Address	19069 SE WINDWARD ISLAND LANE
City-State-Zip:	JUPITER FL 33458

Title	AMBR
Name	CHAPOTEO, LLC
Address	19069 SE WINDWARD ISLAND
City-State-Zip:	JUPITER FL 33458

Title	AMBR
Name	D'ALESSANDRO, THOMAS
Address	19291 WEST INDIES LANE
City-State-Zip:	JUPITER FL 33458

Title	MGR
Name	NIELSEN, CHRISTOPHER
Address	11701 LAKE VICTORIA GARDENS AVENUE, SUITE 2202
City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	AMBR
Name	CSNGLOBAL INC
Address	11701 LAKE VICTORIA GARDENS AVENUE, SUITE 2202
City-State-Zip:	PALM BEACH GARDENS FL 33410

*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: SAMUEL NIELSEN****PARTNER****04/30/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date