

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000172420

**Entity Name:** 3 NATIVES BROWARD, LLC**Current Principal Place of Business:**14812 PINES BLVD  
PEMBROKE PINES, FL 33027**Current Mailing Address:**PO BOX 2455  
JUPITER, FL 33468 US**FEI Number:** 83-1561969**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARRELLA, FRANK P SR.  
208 MOCCASIN TRAIL N  
JUPITER, FL 33458 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	BARRELLA, FRANK P SR.
Address	208 MOCCASIN TRAIL N
City-State-Zip:	JUPITER FL 33458
Title	MGR
Name	BARRELLA, JACLYN E
Address	13103 SE HOBE HILLS DRIVE
City-State-Zip:	HOBE SOUND FL 33455

Title	MGR
Name	BARRELLA, FRANK P JR.
Address	480 SW 147TH AVE.
City-State-Zip:	PEMBROKE PINES FL 33027
Title	AMBR
Name	BARRELLA, PATRICIA L
Address	208 MOCCASIN TRAIL N.
City-State-Zip:	JUPITER FL 33458

*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:** FRANK BARRELLA SR.**MANAGING PARTNER****02/01/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date