

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000202302

**Entity Name:** 207-949 E DEL MONTE LLC

**Current Principal Place of Business:**

920 E. DEL MONTE AVENUE  
CLEWISTON, FL 33440

**Current Mailing Address:**

920 E. DEL MONTE AVENUE  
CLEWISTON, FL 33440

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GIBBS LAW OFFICE, PLLC  
8870 DANIELS PKWY  
SUITE 101  
FORT MYERS, FL 33919 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 MAM CLEWISTON LLC  
Address 920 E. DEL MONTE AVENUE  
City-State-Zip: CLEWISTON FL 33440

*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:** MAM CLEWISTON LLC

MGR

04/30/2019

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

\_\_\_\_\_ Date