

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000244224

**Entity Name:** PONTOONERS, LLC

**Current Principal Place of Business:**

300 THREE ISLAND BOULEVARD  
UNIT #803  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

300 THREE ISLAND BOULEVARD  
UNIT #803  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 35-2644276

**Certificate of Status Desired:** No

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

CASADO, HENRY  
300 THREE ISLAND BOULEVARD  
UNIT #803  
HALLANDALE BEACH, FL 33009 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           MANAGER  
Name           CASADO, HENRY M  
Address       300 THREE ISLAND BOULEVARD  
                  UNIT #803  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           AMBR  
Name           CASADO, MELISSA A  
Address       300 THREE ISLAND BOULEVARD  
                  UNIT #803  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           AMBR  
Name           CALAMBICHIS, ROSANA  
Address       300 THREE ISLAND BOULEVARD  
                  UNIT #803  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           AMBR  
Name           GIACONIA, VINCENT  
Address       300 THREE ISLAND BOULEVARD  
                  UNIT #803  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           AMBR  
Name           GIACONIA, MARIA A  
Address       300 THREE ISLAND BOULEVARD  
                  UNIT #803  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           AMBR  
Name           CALAMBICHIS, EMMANUEL  
Address       300 THREE ISLAND BOULEVARD  
                  UNIT #803  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** HENRY MICHAEL CASADO

**MANAGER**

**02/26/2020**

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

\_\_\_\_\_  
Date