

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000291148

**Entity Name:** 319 BROADWAY LLC

**Current Principal Place of Business:**

2549 BRAZILIA CT  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

2549 BRAZILIA CT  
PUNTA GORDA, FL 33950 US

**FEI Number:** 83-3444726

**Certificate of Status Desired:** No

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

HACKETT, JACK O II  
FARR LAW FIRM  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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	Title	MGR
Name	HUGHES, DAVID G	Name	BANOS, GEORGE
Address	2549 BRAZILIA CT	Address	3450 GULF SHORE BLVD UNIT 411
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	NAPLES FL 34103
Title	MGR	Title	MGR
Name	SOLIMINE, MICHAEL D	Name	SOLIMINE, JOEL C
Address	426 BROADWAY	Address	426 BROADWAY
City-State-Zip:	LYNN MA 01904	City-State-Zip:	LYNN MA 01904

*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:** DAVID G. HUGHES

**MANAGER**

**04/17/2024**

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

\_\_\_\_\_  
Date