

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000080447

Entity Name: ANTHONY FALCONE, LLC

Current Principal Place of Business:

869 CAPE HAZE LN
NAPLES, 34104

Current Mailing Address:

869 CAPE HAZE LN
NAPLES, 34104 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALCONE, ANTHONY L
869 CAPE HAZE LN
NAPLES, FL 34104 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 FALCONE, ANTHONY L
Address 869 CAPE HAZE LN
City-State-Zip: NAPLES 34104

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: ANTHONY L FALCONE

MANAGER

01/23/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date