

**2023 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

04/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date