

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000196575

**Entity Name:** FLAGLER CENTER OF STUART LLC

**Current Principal Place of Business:**

121 SW FLAGLER AVE  
STUART FL, FL 34994

**Current Mailing Address:**

121 SW FLAGLER AVENUE  
STUART FL, FL 34994 US

**FEI Number:** 84-2871573

**Certificate of Status Desired:** No

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

CAMPENNI, THOMAS F  
700 SW ST LUCIE CRES  
STUART, FL 34994 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 CAMPENNI, THOMAS F  
Address 700 SW ST. LUCIE CRES  
City-State-Zip: STUART FL 34994

Title AMBR  
Name STUART MAIN STREET ASSOCIATION  
INC  
Address 121 SW FLAGLER AVE  
City-State-Zip: STUART FL 34994

*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:** THOMAS F CAMPENNI

**MANAGER**

**01/13/2020**

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

\_\_\_\_\_  
Date