

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000287529

Entity Name: HISTORIC COLMURANO LLC**Current Principal Place of Business:**4410 WARREN AVE
UNIT 316 #107
PORT CHARLOTTE , FL 33953**Current Mailing Address:**4410 WARREN AVE
UNIT 316 #107
PORT CHARLOTTE , FL 33953 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 AMBR
Name DEUBEL, RICHARD
Address 4410 WARREN AVE
UNIT 316 #107
City-State-Zip: PORT CHARLOTTE FL 33953Title AMBR
Name HORN-DEUBEL, SUSAN
Address 4410 WARREN AVE
UNIT 316 #107
City-State-Zip: PORT CHARLOTTE FL 33953Title AMBR
Name LINDSAY, DENNIS
Address 4310 AMOROSO PLACE
City-State-Zip: DAVIS CA 95618Title AMBR
Name LINDSAY, MARA
Address 4310 AMOROSO PLACE
City-State-Zip: DAVIS CA 95618

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: SUSAN HORN-DEUBEL**MGR MEMBER****02/03/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date