

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000040339

**Entity Name:** CAFTO LLC

**Current Principal Place of Business:**

3859 BEE RIDGE ROAD  
SUITE 202  
SARASOTA, FL 34233

**Current Mailing Address:**

3859 BEE RIDGE RD  
202  
SARASOTA, FL 34233 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VAN WINKLE & SAMS, P.A.  
3859 BEE RIDGE ROAD  
SUITE 202  
SARASOTA, FL 34233 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            WILSON, CHARLES H III  
Address        3859 BEE RIDGE ROAD, SUITE 202  
City-State-Zip: SARASOTA FL 34233

*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:** CHARLES H WILSON

**MANAGER**

**02/10/2023**

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

\_\_\_\_\_  
Date