

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000040339

**Entity Name:** CAFTO LLC

**Current Principal Place of Business:**

9015 TOWN CENTER PARKWAY  
SUITE 149  
LAKEWOOD RANCH, FL 34240

**Current Mailing Address:**

P.O. BOX 2838  
SARASOTA, FL 34230

**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        9015 TOWN CENTER PARKWAY,  
                  SUITE 149  
City-State-Zip: LAKEWOOD RANCH FL 34240

*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:** WILSON , CHARLES H , III

AMBR

04/02/2021

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

\_\_\_\_\_ Date