

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000143005

**Entity Name:** ANOTHER BROKEN EGG OF ORLANDO-SEMORAN, LLC

**Current Principal Place of Business:**

5955 T.G. LEE BLVD  
SUITE 100  
ORLANDO, FL 32822

**Current Mailing Address:**

5955 T.G. LEE BLVD  
SUITE 100  
ORLANDO, FL 32822 UN

**FEI Number:** 85-1933559

**Certificate of Status Desired:** No

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

MACALUSO, PAUL  
5955 T.G. LEE BLVD  
SUITE 100  
ORLANDO, FL 32822 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 MACALUSO, PAUL  
Address 5955 T.G. LEE BLVD, SUITE 100  
City-State-Zip: ORLANDO FL 32822

Title MGR  
Name ARTINIAN, CHRISTOPHER  
Address 5955 T.G. LEE BLVD, SUITE 100  
City-State-Zip: ORLANDO FL 32822

Title MGR  
Name GREEN, RON  
Address 5955 T.G. LEE BLVD, SUITE 100  
City-State-Zip: ORLANDO FL 32822

*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:** PAUL MACALUSO

**CEO**

**01/19/2023**

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

\_\_\_\_\_  
Date