

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000183658

Entity Name: 3093 BERRY AVE LLC**Current Principal Place of Business:**3093 SW BERRY AVE
PALM CITY, FL 34990**Current Mailing Address:**3093 SW BERRY AVE
PALM CITY, FLORIDA 34990 DO**FEI Number:** 86-2351445**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DESIMONE, VALENTINA
3093 SW BERRY AVE
PALM CITY, FL 34990 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	DESIMONE, VALENTINA V
Address	3093 SW BERRY AVE
City-State-Zip:	PALM CITY FLORIDA 34990

Title	AMBR
Name	DESIMONE, VALENTINA M
Address	3093 SW BERRY AVE
City-State-Zip:	PALM CITY FLORIDA 34990

Title	AP
Name	DESIMONE, VALENTINA
Address	3093 SW BERRY AVE
City-State-Zip:	PALM CITY FLORIDA 34990

Title	AR
Name	DESIMONE, VALENTINA
Address	3093 SW BERRY AVE
City-State-Zip:	PALM CITY FLORIDA 34990

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: VALENTINA DESIMONE**ONE OF THE MANAGERS 03/02/2021
AND OWNER**

Electronic Signature of Signing Authorized Person(s) Detail

Date