

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000200632

**Entity Name:** PROFESSIONAL MAN OF LEISURE LLC

**Current Principal Place of Business:**

10287 NE 120TH ST  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

10287 NE 120TH ST  
OKEECHOBEE, FL 34972 US

**FEI Number: 85-2100252**

**Certificate of Status Desired: No**

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

SPINETTA, JAMES  
1673 SE FALLON DR  
PORT ST. LUCIE, FL 34983 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 SPINETTA, SYLVESTER  
Address 10287 NE 120TH ST  
City-State-Zip: OKEECHOBEE FL 34972

Title MGR  
Name SPINETTA, MARIA  
Address 10287 NE 120TH ST  
City-State-Zip: OKEECHOBEE FL 34972

*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: SYLVESTER SPINETTA**

**MNG**

**03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date