

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000300909

**Entity Name:** AUNT D'S DINER LLC

**Current Principal Place of Business:**

2891 SE OCEAN BLVD  
STUART, FL 34996

**Current Mailing Address:**

2891 SE OCEAN BLVD  
STUART, FL 34996

**FEI Number:** 85-3148738

**Certificate of Status Desired:** No

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

PIERANDOZZI, DENISE  
620 SE CHAPMAN AVENUE  
PORT ST LUCIE, FL 34984 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                    | Title           | MBR                    |
| Name            | PIERANDOZZI, DENISE    | Name            | BRADIGAN, GERRY        |
| Address         | 620 SE CHAPMAN AVENUE  | Address         | 620 SE CHAPMAN AVENUE  |
| City-State-Zip: | PORT ST LUCIE FL 34984 | City-State-Zip: | PORT ST LUCIE FL 34984 |

*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:** DENISE PIERANDOZZI

MBR

03/17/2021

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

\_\_\_\_\_ Date