

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000190500

**Entity Name:** 881 COLLIER LLC

**Current Principal Place of Business:**

C/O MICHAEL PURPURA  
618 BELKNAP ROAD  
FRAMINGHAM, MA 01701

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**6968347933CC**

**Current Mailing Address:**

C/O MICHAEL PURPURA  
618 BELKNAP ROAD  
FRAMINGHAM, MA 01701 US

**FEI Number:** 88-2368706

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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 PURPURA, MICHAEL  
Address 618 BELKNAP ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title AMBR  
Name PURPURA, JOHN D  
Address 9 CLEMMONS STREET  
City-State-Zip: SOUTHBOROUGH MA 01772

Title AMBR  
Name PURPURA, VINCENT J JR.  
Address 220 WINCH STREET  
City-State-Zip: FRAMINGHAM MA 01701

*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:** MICHAEL PURPURA

AMBR

03/06/2023

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

\_\_\_\_\_  
Date