

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000188353

**Entity Name:** LOCOMO HOSPITALITY LLC

**Current Principal Place of Business:**

5418 NEW COVINGTON DR  
SARASOTA, FL 34233

**Current Mailing Address:**

5418 NEW COVINGTON DR  
SARASOTA, FL 34233 US

**FEI Number:** 92-3634442

**Certificate of Status Desired:** Yes

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

SARCOMO, TONY J  
5418 NEW COVINGTON DR  
SARASOTA, FL 34233 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            AR  
Name            SARCOMO, TONY J  
Address        5418 NEW COVINGTON DR  
City-State-Zip: SARASOTA FL 34233

Title            AMBR  
Name            LOGAN, MICHELLE  
Address        5418 NEW COVINGTON DR  
City-State-Zip: SARASOTA FL 34233

*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:** TONY J SARCOMO

02/18/2025

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

\_\_\_\_\_  
Date