

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020365

**Entity Name:** CORAL VINE COTTAGES, LLC

**Current Principal Place of Business:**

4219 MEE COURT  
LAKE WORTH, FL 33461

**Current Mailing Address:**

PO BOX 6143  
DELRAY BEACH, FL 33482 US

**FEI Number: 81-0590288**

**Certificate of Status Desired: No**

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

PITTALUGA, CHRISTIANE M  
1444 E BEXLEY PARK DR  
DELRAY BEACH, FL 33445 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 MEMBER  
Name CHRISTIANE PITTALUGA AS TRUSTEE OF THE CHRISTIANE PITTALUGA REVOCABLE TRUST DATED OCTOBER 13, 2022  
Address PO BOX 6143  
City-State-Zip: DELRAY BEACH FL 33482

Title MGRM  
Name JEFFREY MEISELMAN AS TRUSTEE OF THE JEFFREY MEISELMAN REVOCABLE TRUST DATED OCTOBER 12, 2022  
Address PO BOX 6143  
City-State-Zip: DELRAY BEACH FL 33482

Title MEMBER  
Name ADRIAN L DONATELLI TRUST  
Address PO BOX 365  
City-State-Zip: PROSPERITY WV 25909

*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: CHRISTIANE PITTALUGA**

**MEMBER**

**04/18/2023**

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

\_\_\_\_\_  
Date