

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029420

**Entity Name:** C.L.E.M. HOSPITALITY, LLC

**Current Principal Place of Business:**

2958 KENILWICK DR. NORTH  
CLEARWATER, FL 33761

**Current Mailing Address:**

2958 KENILWICK DR. NORTH  
CLEARWATER, FL 33761 US

**FEI Number:** 30-0127195

**Certificate of Status Desired:** No

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

CLEM HOSPITALITY, LLC  
3425 LAKE SHORE LANE  
CLEARWATER, FL 33761 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:** AMY MENNA-EGERTER

02/14/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name CASTELLI, DAVID A  
Address 2489 FRISCO DR.  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name CASTELLI, ELISA  
Address 2489 FRISCO DR.  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name MENNA, MARIAN  
Address 2958 KENIWICK DR N  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name MENNA-EGERTER, AMY  
Address 3425 LAKE SHORE DR N.  
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER  
Name LEGNINI, GUISEPPE  
Address 2958 KENILWICK DR. N.  
City-State-Zip: CLEARWATER FL 33761

*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:** AMY MENNA-EGERTER

AUTHORIZED MEMBER

02/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date