

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008349

**Entity Name:** MIALKI BROTHERS, LLC**Current Principal Place of Business:**3658 NOVA RD  
PORT ORANGE, FL 32119**Current Mailing Address:**P.O. BOX 290459  
PORT ORANGE, FL 32129-0459**FEI Number:** 31-1821191**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIALKI, JULIE  
3658 NOVA RD  
PORT ORANGE, FL 32119 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:** JULIE MIALKI

04/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | MANAGER              |
| Name            | MIALKI, JOSEPH J JR. |
| Address         | 2346 JERRY CIRCLE    |
| City-State-Zip: | PORT ORANGE FL 32128 |

|                 |                      |
|-----------------|----------------------|
| Title           | MANAGER              |
| Name            | MIALKI, JOSEPH III   |
| Address         | 5931 BROKEN BOW LANE |
| City-State-Zip: | PORT ORANGE FL 32168 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | MIALKI, JULIE        |
| Address         | 2346 JERRY CIRCLE    |
| City-State-Zip: | PORT ORANGE FL 32128 |

*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:** JOSEPH MIALKI

MANAGING MEMBER

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date