

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092815

**Entity Name:** 2799-203 HAMILTON, LLC

**Current Principal Place of Business:**

3094 NW 30TH WAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

3094 NW 30TH WAY  
BOCA RATON, FL 33431

**FEI Number:** 20-3460059

**Certificate of Status Desired:** No

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

SCIARRETTA, STEVEN AESQ.  
2799 NW BOCA RATON BLVD, SUITE203  
BOCA RATON, FL 33431 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 MGR  
Name SCIARRETTA, KIMBERLY A  
Address 3094 NW 30TH WAY  
City-State-Zip: BOCA RATON FL 33431

*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:** KIMBERLY SCIARRETTA

**MANAGER**

**04/20/2015**

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

\_\_\_\_\_  
Date