

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109412

**Entity Name:** VIRGILIO PROPERTIES, LLC

**Current Principal Place of Business:**

149 PINEDA STREET  
LONGWOOD, FL 32750

**Current Mailing Address:**

149 PINEDA STREET  
LONGWOOD, FL 32750

**FEI Number:** 20-4152900

**Certificate of Status Desired:** No

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

SANTOS, LISA  
1500 HEIGHTS LANE  
LONGWOOD, FL 32750 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 MGRM  
Name GODINHO, VIRGILIO S  
Address 1500 HEIGHTS LANE  
City-State-Zip: LONGWOOD FL 32750

Title MGRM  
Name GODINHO, ANTHONY V  
Address 1500 HEIGHTS LANE  
City-State-Zip: LONGWOOD FL 32750

Title MGRM  
Name GODINHO, TARA  
Address 1500 HEIGHTS LANE  
City-State-Zip: LONGWOOD FL 32750

Title MGRM  
Name SANTOS, DOMINGOS  
Address 1500 HEIGHTS LANE  
City-State-Zip: LONGWOOD FL 32750

Title MGRM  
Name SANTOS, LISA  
Address 1500 HEIGHTS LANE  
City-State-Zip: LONGWOOD FL 32750

*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:** LISA SANTOS

**SEC/TREASURER**

**04/05/2016**

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

\_\_\_\_\_  
Date