

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000076096

**Entity Name:** THE CITY WIDE GROUP, LLC

**Current Principal Place of Business:**

2303 WEST MCNAB ROAD  
SUITE 21  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2303 WEST MCNAB ROAD  
SUITE 21  
POMPANO BEACH, FL 33069

**FEI Number:** 20-8895106

**Certificate of Status Desired:** No

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

PETER A. CALVO  
2303 WEST MCNAB ROAD  
SUITE 21  
POMPANO BEACH, FL 33069 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 CALVO, PETER A  
Address 2303 WEST MCNAB ROAD,SUITE 21  
City-State-Zip: POMPAN0 BEACH FL 33069

*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:** PETER A. CALVO

**MANAGING MEMBER**

**03/27/2016**

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

\_\_\_\_\_  
Date