

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049223

Entity Name: FONVIELLE PARTNERS, LLC**Current Principal Place of Business:**10800 MCCRACKEN RD
TALLAHASSEE, FL 32309**Current Mailing Address:**10800 MCCRACKEN RD.
TALLAHASSEE, FL 32309**FEI Number:** 51-0668567**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FONVIELLE, C. DAVID
10800 MCCRACKEN RD.
TALLAHASSEE, FL 32309 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 FONVIELLE, C. DAVID
Address 10800 MCCRACKEN RD.
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM
Name SOTO, CAULLEY F
Address 3755 BOBBIN MILL ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM
Name ANTOHI, JORDAN F
Address 4825 HIGH GROVE ROAD
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM
Name SOTO, JOSEPH C
Address 3755 BOBBIN MILL ROAD
City-State-Zip: TALLAHASSEE FL 32312

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: C. DAVID FONVIELLE

MGRM

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date