

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102283

**Entity Name:** VILLA SANT' AGOSTINO, LLC

**Current Principal Place of Business:**

724 W MADISON ST.  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

724 W MADISON ST.  
TALLAHASSEE, FL 32304 US

**FEI Number:** 26-1816665

**Certificate of Status Desired:** No

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

LEPARULO, ROBERT P  
724 W MADISON ST.  
TALLAHASSEE, FL 32304 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 LEPARULO, ROBERT P  
Address 724 W MADISON ST.  
City-State-Zip: TALLAHASSEE FL 32304

*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:** ROBERT LEPARULO

MGRM

04/28/2017

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

\_\_\_\_\_ Date