

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000009273

**Entity Name:** JOHN VARRATI, LLC

**Current Principal Place of Business:**

1609 NORTH 31ST STREET  
TAMPA, FL 33605-5734

**Current Mailing Address:**

P.O. BOX 390  
WIMAUMA, FL 33598 US

**FEI Number:** 27-2161968

**Certificate of Status Desired:** No

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

VARRATI, JOHN J  
1609 NORTH 31ST STREET  
TAMPA, FL 33605-5734 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 VARRATI, JOHN J  
Address P.O. BOX 390  
City-State-Zip: WIMAUMA FL 33598

Title PRESIDENT, TREASURER  
Name VARRATI, JOHN  
Address P.O. BOX 390  
City-State-Zip: WIMAUMA FL 33598

Title VP, SECRETARY  
Name VARRATI, VINA  
Address P.O. BOX 390  
City-State-Zip: WIMAUMA FL 33598

*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:** JOHN VARRATI

**PRESIDENT**

**03/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date