## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000014362

Entity Name: BARBAROSSA ST. LLC

### **Current Principal Place of Business:**

**16 SAGAMORE STREET** MANCHESTER, NH 03104

## **Current Mailing Address:**

**16 SAGAMORE STREET** MANCHESTER, NH 03104

# **FEI Number: APPLIED FOR**

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ANDERSON, DOUGLAS	Name	SCARPETTI, KENNETH
Address	9 PARK STREET	Address	16 SAGAMORE STREET
City-State-Zip:	ELIOT ME 03903	City-State-Zip:	MANCHESTER NH 03104

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: SCARPETTI KENNETH

MGM

01/14/2015 Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 14, 2015 Secretary of State CC3393205515

Date

Certificate of Status Desired: Yes