## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040190

Entity Name: PANORAMA NINE, LLC

**Current Principal Place of Business:** 

1865 WEDGEWOOD WAY KISSIMMEE, FL 34746

**Current Mailing Address:** 

POBOX 422112

KISSIMMEE. FL 34742 US

FEI Number: 27-2291630 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIANO LOMORIELLO, GIUSEPPE SR 1865 WEDGEWOOD WAY KISSIMMEE, FL 34746 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: SCHIANO LOMORIELLO GIUSEPPE 01/10/2018

Electronic Signature of Registered Agent

Date

**FILED** Jan 10, 2018

**Secretary of State** 

CC8758625416

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

SCHIANO, GIUSEPPE SR GIUSEPPE, SCHIANO LSR Name Name

POBOX 422112 Address POBOX 422112 Address

City-State-Zip: KISSIMME FL 34742 KISSIMMEE FL 34742 City-State-Zip:

Title MANAGER Name JINGAG, BAI POBOX 422112 Address

City-State-Zip: KISSIMMEE FL 34742

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: GIUSEPPE SCHIANO

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

01/10/2018

Date