

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101935

**Entity Name:** CICCARELLO SERVICE CENTER, LLC

**Current Principal Place of Business:**

3303 W. COLUMBUS DRIVE  
TAMPA, FL 33607

**Current Mailing Address:**

15462 GULF BOULEVARD  
#602  
MADEIRA BEACH, FL 33708

**FEI Number:** 90-0617434

**Certificate of Status Desired:** No

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

CICCARELLO-FURGISON, CHERYL  
15462 GULF BLVD  
UNIT 602  
MADEIRA BEACH, FL 33708 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:** CHERYL L CICCARELLO-FURGISON

02/12/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CICCARELLO, PETER M  
Address 6704 DUNES LANES  
City-State-Zip: TEMPEL TERRACE FL 33617

Title MGRM  
Name CICCARELLO-FURGISON, CHERYL L  
Address 15462 GULF BLVD  
UNIT 602  
City-State-Zip: MADEIRA BEACH FL 33708

Title MGRM  
Name STINE, LYNNETTE M  
Address 7028 PELICAN ISLAND DRIVE  
City-State-Zip: TAMPA FL 33634

Title MGRM  
Name CICCARELLO, KIMBERLY J  
Address 5919 BAYSIDE KEY DRIVE  
City-State-Zip: TAMPA FL 33615

*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:** CHERYL L CICCARELLO-FURGISON

OWNER, BOARD OF  
DIRECTOR AND  
TREASURER

02/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

