

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000036177

**Entity Name:** SAMUEL LOBELLO CARPENTRY LLC

**Current Principal Place of Business:**

297 W. MIRACLE STRIP PKWY.  
MARY ESTHER, FL 32569

**Current Mailing Address:**

297 W. MIRACLE STRIP PKWY.  
MARY ESTHER, FL 32569

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LOBELLO, SAMUEL  
297 W. MIRACLE STRIP PKWY.  
MARY ESTHER, FL 32569 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            OWNE  
Name            LOBELLO, SAMUEL  
Address        297 W MIRACLE STRIP PKWY  
City-State-Zip: MARY ESTHER FL 32569

*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:** SAMUEL LOBELLO

**OWNER**

**02/28/2014**

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

\_\_\_\_\_ Date