

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000100115

**Entity Name:** THE CARLESI GROUP LLC

**Current Principal Place of Business:**

8162 MULLIGAN CIRCLE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

8162 MULLIGAN CIRCLE  
PORT ST. LUCIE, FL 34986 US

**FEI Number:** 20-8089509

**Certificate of Status Desired:** No

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

CARLESI, VINCENT  
8162 MULLIGAN CIRCLE  
PORT ST. LUCIE, FL 34986 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 CARLESI, VINCENT  
Address 8162 MULLIGAN CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title MGRM  
Name CARLESI, VINCENT JR.  
Address 20 LYNN DRIVE  
City-State-Zip: ANDOVER NJ 07821

*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:** VINCENT CARLESI

**MANAGING MEMBER**

**04/04/2016**

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

\_\_\_\_\_  
Date