

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132434

Entity Name: FULLPLATE VENTURES, LLC

Current Principal Place of Business:

15 SONNET DRIVE
EAST GREENWICH, RI 02818

Current Mailing Address:

1521 ALTON ROAD, SUITE 568
MIAMI BEACH, FL 33139

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
800 LAUREL OAK DRIVE, SUITE 600
NAPLES, FL 34108 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	MMGR	Title	MMGR
Name	HALPERN, GARY B	Name	HALPERN, MINDY S
Address	15 SONNET DRIVE	Address	15 SONNET DRIVE
City-State-Zip:	EAST GREENWICH RI 02818	City-State-Zip:	EAST GREENWICH RI 02818

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: GARY HALPERN

MANAGER

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date