

2018 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:

166 VALLEY STREET
BLDG 6M SUITE 103
PROVIDENCE, RI 02906 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
5811 PELICAN BAY BOULEVARD
SUITE 650
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
Name HALPERN, GARY B
Address 15 SONNET DRIVE
City-State-Zip: EAST GREENWICH RI 02818

Title MMGR
Name HALPERN, MINDY S
Address 15 SONNET DRIVE
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

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date