

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000076054

**Entity Name:** MODFORM, LLC

**Current Principal Place of Business:**

8219 BLAIKIE COURT  
SARASOTA, FL 34240

**Current Mailing Address:**

8219 BLAIKIE COURT  
SARASOTA, FL 34240 US

**FEI Number:** 45-5451900

**Certificate of Status Desired:** No

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

BART SCOVILL, PLC  
5104 N LOCKWOOD RIDGE ROAD  
# 102  
SARASOTA, FL 34234 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 MODRCIN LIVING TRUST  
Address 6839 WAGON WHEEL CIRCLE  
City-State-Zip: SARASOTA FL 34243

Title MGRM  
Name JOSEPH A. FORMELLA REVOCABLE TRUST  
Address 4727 PINNACLE DR.  
City-State-Zip: BRADENTON FL 34208

Title MGRM  
Name LINDA K. FORMELLA REVOCABLE TRUST  
Address 4727 PINNACLE DR.  
City-State-Zip: BRADENTON FL 34208

*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:** LINDA FORMELLA

MGRM

02/19/2017

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

\_\_\_\_\_  
Date