

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000115466

Entity Name: MEDICI FINANZA, LLC

Current Principal Place of Business:

13501 SOUTH SHORE BOULEVARD
SUITE 103
WELLINGTON, FL 33414

Current Mailing Address:

13501 SOUTH SHORE BOULEVARD
SUITE 103
WELLINGTON, FL 33414

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLE, CRAIG T
13501 SOUTH SHORE BOULEVARD
SUITE 103
WELLINGTON, FL 33414 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 AUTHORIZED REPRESENTATIVE
Name GALLE, CRAIG T
Address 13501 SOUTH SHORE BOULEVARD
 SUITE 103
City-State-Zip: WELLINGTON FL 33414

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: CRAIG T. GALLE

**AUTHORIZED
REPRESENTATIVE**

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date