

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000156712

Entity Name: AARON CAPECCHI L.L.C.

Current Principal Place of Business:

25905 84TH AVE EAST
MYAKKA CITY, FL 34251

Current Mailing Address:

25905 84TH AVE EAST
MYAKKA CITY, FL 34251

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPECCHI, AARON A
25905 84TH AVE EAST
MYAKKA CITY, FL 34251 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 CAPECCHI, AARON A
Address 25905 84TH AVE EAST
City-State-Zip: MYAKKA CITY FL 34251

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: AARON CAPECCHI

PRESIDENT

01/25/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date