

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190089

**Entity Name:** 3360 PARTNERS LLC

**Current Principal Place of Business:**

538 LAGUNA ROYALE BOULEVARD  
SUITE 403  
NAPLES, FL 34119

**Current Mailing Address:**

538 LAGUNA ROYALE BOULEVARD  
SUITE 403  
NAPLES, FL 34119

**FEI Number:** 47-2541559

**Certificate of Status Desired:** No

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

PELLEGRINO, TIMOTHY A  
538 LAGUNA ROYALE BOULEVARD  
SUITE 403  
NAPLES, FL 34119 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           | AMBR                                      | Title           | AMBR                                     |
| Name            | PELLEGRINO, TIMOTHY A                     | Name            | PELLEGRINO, IRENE H                      |
| Address         | 538 LAGUNA ROYALE BOULEVARD,<br>SUITE 403 | Address         | 538 LAGUNA ROYALE BOULEVARD<br>SUITE 403 |
| City-State-Zip: | NAPLES FL 34119                           | City-State-Zip: | NAPLES FL 34119                          |

*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:** TIMOTHY A. PELLEGRINO

AMBR

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date