

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000184686

Entity Name: FRUTTA DI VACCA TERZO LLC**Current Principal Place of Business:**105 KINGS GRANT
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**105 KINGS GRANT
PONTE VEDRA BEACH, FL 32082**FEI Number:** 47-5516497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIONNUALA R GEOGHEGAN CPA PLLC
ONE SAN JOSE PLACE
SUITE 21
JACKSONVILLE, FL 32257 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	MGR
Name	MILO, PAMELA
Address	105 KINGS GRANT
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	MGR
Name	MILO, BEAU
Address	105 KINGS GRANT
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	MGR
Name	TOOLE, BRIANNE M
Address	105 KINGS GRANT
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	MGR
Name	WHITENOUR, CARA M
Address	105 KINGS GRANT
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	MGR
Name	AZZARI, BRANDON
Address	105 KINGS GRANT
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	AUTHORIZED MEMBER
Name	MILO, CHRISTOPHER
Address	105 KINGS GRANT
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	AUTHORIZED MEMBER
Name	O'HARA, TOBY
Address	105 KINGS GRANT
City-State-Zip:	PONTE VEDRA BEACH FL 32086

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: PAMELA MILO**MEMBER****04/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date