

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080868

**Entity Name:** ADRIANA FRANCESCHINI LLC

**Current Principal Place of Business:**

5789 CAPE HARBOUR DR  
201  
CAPE CORAL, FL 33914

**Current Mailing Address:**

P O BOX 100216  
CAPE CORAL, FL 33910

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FRANCESCHINI, ADRIANA  
5789 CAPE HARBOUR DR  
201  
CAPE CORAL, FL 33914 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 FRANCESCHINI, ADRIANA  
Address P O BOX 100216  
City-State-Zip: CAPE CORAL FL 33910

*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:** ADRIANA FRANCESCHINI

MGR

01/23/2017

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

\_\_\_\_\_  
Date