# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: LINVER LEFFEL

Electronic Signature of Signing Authorized Person(s) De	etail

# **Current Principal Place of Business:** 1759 ST MARY STREET

PENSACOLA, FL 32501

### **Current Mailing Address:**

DOCUMENT# L17000069548

1759 ST MARY AVE PENSACOLA. FL 32501 US

### FEI Number: 82-1023806

### Name and Address of Current Registered Agent:

HOLCOMB, LOUIS 669 W OAKLAND PARK BLVD #102 WILTON MANORS, FL 33311 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: LOUIS HOLCOMB

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR LEFFEL. LINVER Name Address 1925 ADIRONDAK AVE City-State-Zip: PENSACOLA FL 32514

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

8527209855CC

Certificate of Status Desired: No

03/12/2020

Date

03/12/2020

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: VILLAGIO MANAGEMENT COMPANY LLC

MGMBR

Date

FILED Mar 12, 2020 Secretary of State