

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000181854

**Entity Name:** MK AMATO, LLC

**Current Principal Place of Business:**

1708 CAPE CORAL PARKWAY WEST,  
UNIT 1  
CAPE CORAL, FL 33914

**Current Mailing Address:**

1708 CAPE CORAL PARKWAY WEST,  
UNIT 1  
CAPE CORAL, FL 33914 US

**FEI Number:** 82-2648569

**Certificate of Status Desired:** No

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS, FL 33907 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                 | Title           | MGR                 |
| Name            | AMATO, MICHAEL      | Name            | AMATO, KRISTINA     |
| Address         | 2229 SW 50TH STREET | Address         | 2229 SW 50TH STREET |
| City-State-Zip: | CAPE CORAL FL 33914 | City-State-Zip: | CAPE CORAL FL 33914 |

*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:** AMATO , MICHAEL

**MANAGER**

**02/28/2019**

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

\_\_\_\_\_  
Date