

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000119394

**Entity Name:** CRYPTOPHILIAC LLC

**Current Principal Place of Business:**

1645 TEMPLE TERRACE  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

1882 N TAMIAMI TR  
UNIT 4310  
NORTH FORT MYERS, FL 33918 US

**FEI Number:** 83-0546050

**Certificate of Status Desired:** No

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

GILLETTI, JOHN  
1645 TEMPLE TERRACE  
NORTH FORT MYERS, FL 33917 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 GILLETTI, JOHN  
Address 1645 TEMPLE TERRACE  
City-State-Zip: NORTH FORT MYERS FL 33917

*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:** JOHN L GILLETTI

MANAGER

03/09/2019

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

\_\_\_\_\_  
Date