

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000235577

**Entity Name:** ROBERT FETTEROLF LLC

**Current Principal Place of Business:**

2419 LANCASTER LN  
NORTH PORT, FL 34286

**Current Mailing Address:**

2419 LANCASTER LN  
NORTH PORT, FL 34286 US

**FEI Number:** 83-2154007

**Certificate of Status Desired:** No

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

FETTEROLF, ROBERT  
2419 LANCASTER LN  
NORTH PORT, FL 34286 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 AMBR  
Name FETTEROLF, ROBERT  
Address 2419 LANCASTER LN  
City-State-Zip: NORTH PORT FL 34286

Title AMBR  
Name FETTEROLF, ROBERT  
Address 2419 LANCASTER LN  
City-State-Zip: NORTH PORT FL 34286

*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:** ROBERT A FETTEROLF

**REGISTERED AGENT**

**03/03/2022**

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

\_\_\_\_\_  
Date