

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000245397

Entity Name: LIPARI ENTERPRISES LLC

Current Principal Place of Business:

5189 NW WISK FERN CIRCLE
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

5189 NW WISK FERN CIRCLE
PORT SAINT LUCIE, FL 34986 US

FEI Number: 83-2244899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCGLYNN, JOHN J III
729 SW FEDERAL HWY SUITE 200
STUART, FL 34994 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 LIPARI, NICHOLAS
Address 5189 NW WISK FERN CIRCLE
City-State-Zip: PORT ST LUCIE FL 34986

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: NICHOLAS LIPARI

MGR

03/10/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date