

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000259241

Entity Name: 419 SWEETWATER TRAIL LLC

Current Principal Place of Business:

419 SW SWEETWATER TRL
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

89 MEROKE LANE
EAST ISLIP, NY 11730 US

FEI Number: 83-2485288

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CACOPERDO, PAULETTE
419 SW SWEETWATER TRL
PORT SAINT LUCIE, FL 34953 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 CACOPERDO, PAULETTE
Address 89 MEROKE LANE
City-State-Zip: EAST ISLIP NY 11730

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: PAULETTE CACOPERDO

MEMBER

04/11/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date