

**2020 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:** No

**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

**OWNER**

**03/27/2020**

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

\_\_\_\_\_ Date