## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000079833

**Entity Name: TRIBUTES REFRESHMENT LLC** 

**Current Principal Place of Business:** 

1633 S MISSOURI AVE CLEARWATER. FL 33756

**Current Mailing Address:** 

1825 OAK PARK DR N

CLEARWATER. FL 33764 US

FEI Number: 83-4326080 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMILO, JOSEPH WILLIAM OWNER 1825 OAK PARK DR N CLEARWATER, FL 33764 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: JOSEPH DEMILO 06/30/2020

Electronic Signature of Registered Agent

Date

FILED Jun 30, 2020

**Secretary of State** 

4392605525CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name DEMILO, JOSEPH WILLIAM Name EVERITT, IAN

Address 1633 S MISSOURI AVE Address 1633 S MISSOURI AVE

City-State-Zip: CLEARWATER FL 33756 City-State-Zip: CLEARWATER FL 33756

Title AMBR Title OWNER

Name DEMILO, PATRICIA Name NAVARRO, AARON

Address 1633 S MISSOURI AVE Address 2855 GULF TO BAY BLVD

City-State-Zip: CLEARWATER FL 33756

ty-State-Zip: CLEARWATER FL 33759

City-State-Zip: CLEARWATER FL 33759

Title OWNER

Name GUTIERREWZ, DANNI DARIO

Address 901 BELLEAIR RD

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City-State-Zip: CLEARWATER FL 33756

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: JOSEPH DEMILO

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

06/30/2020

Date