

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000166257

**Entity Name:** MARCARELLI LLC

**Current Principal Place of Business:**

219 ASH BREEZE COVE  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

219 ASH BREEZE COVE  
ST AUGUSTINE, FL 32095 US

**FEI Number:** 84-2442622

**Certificate of Status Desired:** No

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

MARCARELLI, NATHAN R  
219 ASH BREEZE COVE  
ST AUGUSTINE, FL 32095 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           MANAGER, PRESIDENT  
Name           MARCARELLI, NATHAN  
Address        219 ASH BREEZE COVE  
City-State-Zip: ST AUGUSTINE FL 32095

*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:** NATHAN MARCARELLI

**PRESIDENT**

**02/20/2024**

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

\_\_\_\_\_  
Date