

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000317490

**Entity Name:** VECELLIO FAMILY TRUST COMPANY LLC

**Current Principal Place of Business:**

450 ROYAL PALM WAY  
SUITE 200  
PALM BEACH, FL 33480

**Current Mailing Address:**

450 ROYAL PALM WAY  
SUITE 200  
PALM BEACH, FL 33480 US

**FEI Number:** 85-3512716

**Certificate of Status Desired:** No

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

SMITH, ROBERT D  
450 ROYAL PALM WAY  
SUITE 200  
PALM BEACH, FL 33480 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 AUTHORIZED REPRESENTATIVE  
Name SMITH, ROBERT D  
Address 450 ROYAL PALM WAY  
SUITE 200  
City-State-Zip: PALM BEACH FL 33480

Title AUTHORIZED REPRESENTATIVE  
Name MCCABE, MELISSA  
Address 450 ROYAL PALM WAY  
SUITE 200  
City-State-Zip: PALM BEACH FL 33480

*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:** MELISSA RAE MCCABE

**AUTHORIZED  
REPRESENTATIVE**

**02/13/2023**

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

\_\_\_\_\_  
Date