

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000335986

**Entity Name:** ANDREOZZI FAMILY LLC

**Current Principal Place of Business:**

155 SOUTH OCEAN AVENUE  
UNIT 401  
PALM BEACH SHORES, FL 33404

**Current Mailing Address:**

155 SOUTH OCEAN AVENUE  
UNIT 401  
PALM BEACH SHORES, FL 33404

**FEI Number:** 85-3748308

**Certificate of Status Desired:** No

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

ANDREOZZI CONSULTING LLC  
155 SOUTH OCEAN AVENUE  
UNIT 401  
PALM BEACH SHORES, FL 33404 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 ANDREOZZI, LOUIS  
Address 155 SOUTH OCEAN AVENUE, UNIT  
401  
City-State-Zip: PALM BEACH SHORES FL 33404

*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:** LOUIS ANDREOZZI

**MANAGER**

**02/09/2025**

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

\_\_\_\_\_  
Date