

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000062083

**Entity Name:** BLIZZARD CMB LLC

**Current Principal Place of Business:**

1160 MICHIGAN AVE  
NAPLES, FL 34103

**FILED**  
**Apr 15, 2022**  
**Secretary of State**  
**9822182104CC**

**Current Mailing Address:**

1160  
MICHAGAN AVE  
NAPLES, FL 34103 US

**FEI Number:** 21-0000620

**Certificate of Status Desired:** No

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

DRINON, ROBERT G  
1160  
MICHAGAN AVE  
NAPLES, FL 34103 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 MGRM  
Name DRINON, ROBERT G  
Address 1160  
MICHAGAN AVE  
City-State-Zip: NAPLES FL 34103

Title MBR  
Name DRINON, CONNER  
Address 1160  
MICHAGAN AVE  
City-State-Zip: NAPLES FL 34103

Title MBR  
Name DRINON, MAX  
Address 1160  
MICHAGAN AVE  
City-State-Zip: FT LAUDERDALE FL 34103

Title MBR  
Name DRINON, BAILEY  
Address 1160  
MICHAGAN AVE  
City-State-Zip: NAPLES FL 34103

*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:** ROBERT DRINON G

**MANAGER**

**04/15/2022**

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

\_\_\_\_\_  
Date