

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000330384

**Entity Name:** CONNECTED BUSINESS SYSTEMS LLC

**Current Principal Place of Business:**

11637 KELLY RD  
SUITE 302  
FORT MYERS, FL 33908

**Current Mailing Address:**

11637 KELLY RD  
SUITE 302  
FORT MYERS, FL 33908 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DESAPRI, ARMAND A  
11637 KELLY RD  
302  
FORT MYERS, FL 33908 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 DESAPRI, ARMAND A  
Address 11637 KELLY RD STE 302  
City-State-Zip: FORT MYERS FL 33908

*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:** ARMAND DESAPRI

**PRESIDENT**

**02/17/2023**

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

\_\_\_\_\_  
Date