## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000520684

Entity Name: TWO SISTERS 19 LLC

**Current Principal Place of Business:** 

20201 CORKSCREW SHORES BLVD.

ESTERO, FL 33928

**Current Mailing Address:** 

20201 CORKSCREW SHORES BLVD.

ESTERO, FL 33928 US

FEI Number: 93-4488004 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VACCARIELLO, ANTHONY U 20201 CORKSCREW SHORES BLVD. ESTERO, FL 33928 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

Authorized Person(s) Detail:

Title MR. Title MS.

NameVACCARIELLO, ANTHONY UNameVACCARIELLO, TORI KAddress20201 CORKSCREW SHORES BLVD.Address8977 OLD MEADOW DR.

City-State-Zip: ESTERO FL 33928 City-State-Zip: CHAGRIN FALLS OH 44023

Title MS.

Name VACCARIELLO, HALEY M

Address 20201 CORKSCREW SHORES BLVD.

City-State-Zip: ESTERO FL 33928

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: ANTHONY VACCARIELLO

**MANAGER** 

01/24/2024

FILED Jan 24, 2024

**Secretary of State** 

6193103576CC

Date