

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001573

**Entity Name:** PASSERO ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

13453 N. MAIN ST.  
SUITE 106  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

13453 N. MAIN ST.  
SUITE 106  
JACKSONVILLE, FL 32218

**FEI Number:** 58-2464511

**Certificate of Status Desired:** Yes

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 HOLESKO, ANDREW  
Address 1920 WOODLAKE DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title MGR  
Name SUDOL, JESS D.  
Address 242 W. MAIN ST.  
SUITE 100  
City-State-Zip: ROCHESTER NY 14614

Title MGR  
Name WEGMAN, WAYNE  
Address 18 BUCKINGHAM ST.  
City-State-Zip: ROCHESTER NY 14607

Title MGR  
Name CARUSO, JOHN  
Address 13 TALOS WAY  
City-State-Zip: ROCHESTER NY 14624

Title MGR  
Name PASSERO, DAVID K  
Address 728 ADMIRALTY WAY  
City-State-Zip: WEBSTER NY 14580

Title MGR  
Name SAVAGE, DAN  
Address 37 SHEPPERTON WAY  
City-State-Zip: ROCHESTER NY 14626

*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:** DAVID K PASSERO

MGR

03/08/2018

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

\_\_\_\_\_  
Date