# 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS D'AGOSTINO

Electronic Signature of Signing Officer/Director Detail

# Entity Name: LOUIS D'AGOSTINO, INC. **Current Principal Place of Business:**

630 MULBERRY STREET ZIONSVILLE, IN 46077

DOCUMENT# M40197

#### **Current Mailing Address:**

630 MULBERRY STREET ZIONSVILLE. IN 46077 US

#### FEI Number: 59-2715586

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

Electronic Signature of Registered Agent

KHRON, SHARON 5920 SW 18TH STREET PLANTATION, FL 33317 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:

**Officer/Director Detail :** DPV Title Title ST Name D'AGOSTINO, LOUIS Name D'AGOSTINO, LOUIS Address 630 MULBERRY STREET Address City-State-Zip: ZIONSVILLE IN 46077

### Certificate of Status Desired: No

630 MULBERRY STREET City-State-Zip: ZIONSVILLE IN 46077

PRESIDENT

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Date

02/16/2018

Date

FILED Feb 16, 2018 Secretary of State CC4806171007