

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040525

Entity Name: NANCY ILIFFE P.A.

Current Principal Place of Business:

1530 NORTH RIDGE MEADOW PATH
CITRUS HILLS, FL 34442

Current Mailing Address:

1530 NORTH RIDGE MEADOW PATH
CITRUS HILLS, FL 34442 US

FEI Number: 20-4545236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD #1045
CORAL GABLES, FL 33134 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

Officer/Director Detail :

Title PST
Name ILIFFE, NANCY
Address 4722 SW 67 AVE
A 2
City-State-Zip: MIAMI FL 33155

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: NANCY L.ILIFFE

PST

04/05/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date