

**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  
A2  
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