

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000057563

**Entity Name:** LIQUIDITY PARTNERS, INC.

**Current Principal Place of Business:**

1850 SHAWNEE TRAIL  
MAITLAND, FL 32751

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**0688963159CC**

**Current Mailing Address:**

1850 SHAWNEE TRAIL  
MAITLAND, FL 32751

**FEI Number: 45-2594713**

**Certificate of Status Desired: No**

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

ARONSON, MARK  
1850 SHAWNEE TRAIL  
MAITLAND, FL 32751 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 P  
Name ARONSON, MARK  
Address 1850 SHAWNEE TRAIL  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name ARONSON, MARK  
Address 1850 SHAWNEE TRAIL  
City-State-Zip: MAITLAND FL 32751

Title S  
Name ARONSON, MARK  
Address 1850 SHAWNEE TRAIL  
City-State-Zip: MAITLAND FL 32751

Title T  
Name ARONSON, MARK  
Address 1850 SHAWNEE TRAIL  
City-State-Zip: MAITLAND FL 32751

*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: ARONSON, MARK**

**PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date