

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019230

**Entity Name:** SERVICE NET SOLUTIONS OF FLORIDA LLC

**Current Principal Place of Business:**

650 MISSOURI AVENUE  
JEFFERSONVILLE, IN 47130

**Current Mailing Address:**

650 MISSOURI AVENUE  
JEFFERSONVILLE, IN 47130

**FEI Number: 30-0745238**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name           BRAUNS, JODY  
Address        650 MISSOURI AVENUE  
City-State-Zip: JEFFERSONVILLE IN 47130

Title           MANAGER  
Name           MANN, JESSICA M.  
Address        1271 AVENUE OF THE AMERICAS  
                  37TH FLOOR  
City-State-Zip: NEW YORK NY 10020

Title           ASST. SECRETARY  
Name           KENT, TANYA E.  
Address        1271 AVENUE OF THE AMERICAS  
                  37TH FLOOR  
City-State-Zip: NEW YORK NY 10020

*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: TANYA E KENT**

**ASST SECRETARY**

**05/01/2024**

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

\_\_\_\_\_ Date