

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033485

**Entity Name:** SUMMIT FINANCIAL LLC

**Current Principal Place of Business:**

3235 SW 62ND LANE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

PO BOX 142817  
GAINESVILLE, FL 32614

**FEI Number:** 38-3719076

**Certificate of Status Desired:** No

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

BLAKEWOOD, STEPHEN  
3235 SW 62ND LANE  
GAINESVILLE, FL 32608 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           BLAKEWOOD, STEPHEN W  
Address        3235 SW 62ND LANE  
City-State-Zip: GAINESVILLE FL 32608

Title           MANAGER  
Name           BLAKEWOOD, SALLY K  
Address        3235 SW 62ND LANE  
City-State-Zip: GAINESVILLE FL 32608

*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:** STEPHEN BLAKEWOOD

MANAGER

01/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date