

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000071864

**FILED**  
**Jan 09, 2019**  
**Secretary of State**  
**7117995344CC**

**Entity Name:** FOX RIDGE INVESTMENTS, LLC

**Current Principal Place of Business:**

4409 HOFFNER AVE.  
SUITE 321  
ORLANDO, FL 32812

**Current Mailing Address:**

4409 HOFFNER AVE.  
SUITE 321  
ORLANDO, FL 32812 US

**FEI Number:** 75-3196624

**Certificate of Status Desired:** No

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

SMALL BUSINESS RESOURCES USA, INC.  
1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835 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 MGR  
Name HORZEN, JAMES J  
Address 4409 HOFFNER AVE., SUITE 321  
City-State-Zip: ORLANDO FL 32812

Title MGR  
Name HORZEN, DEBORAH L  
Address 4409 HOFFNER AVE., SUITE 321  
City-State-Zip: ORLANDO FL 32812

*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:** JAMES J. HORZEN

**MGR**

**01/09/2019**

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

\_\_\_\_\_  
Date