

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000077865

**Entity Name:** SR MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

C/O CARROLL SERVICES LLC  
4830 REGAL DR  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

C/O CARROLL SERVICES LLC  
197M BOSTON POST ROAD WEST # 367  
MARLBORO, MA 01752 18

**FEI Number:** 45-5553475

**Certificate of Status Desired:** No

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

SULLIVAN, COLLEEN  
4818 NE 2ND LOOP  
OCALA, FL 34470 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 JF MANAGEMENT COMPANY  
Address 197 M BOSTO POST ROAD WEST  
#367  
City-State-Zip: MARLBOROUGH MA 01752

*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 P CARROLL

**MANAGING MEMBER**

**03/09/2018**

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

\_\_\_\_\_  
Date