

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058521

Entity Name: S. GAIL FORCE, LLC

Current Principal Place of Business:

559 KIMS LANE
LAMONT , FL 32336

Current Mailing Address:

1980 CAPITAL CIRCLE NE
1980 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

FEI Number: 11-3814486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARROIN, DAVID L
559 KIMS LANE
LAMONT, FL 32336 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 CHARROIN, DAVID L
Address 559 KIMS LN
City-State-Zip: LAMONT FL 32336

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: DAVID LLOYD CHARROIN

MANAGER

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date