

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123190

Entity Name: CODE SMITH BENEFITS, PLLC

Current Principal Place of Business:

4830 W. KENNEDY BLVD.
SUITE 875
TAMPA, FL 33609

Current Mailing Address:

4830 W. KENNEDY BLVD.
SUITE 875
TAMPA, FL 33609 US

FEI Number: 26-1552213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CODE, BRIAN E
4830 W. KENNEDY BLVD
SUITE 875
TAMPA, FL 33609 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: BRIAN E CODE

01/08/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CODE, BRIAN E
Address 4830 W. KENNEDY BLVD.
SUITE 875
City-State-Zip: TAMPA FL 33609

Title MGRM
Name CODE, JORDAN P
Address 4830 W. KENNEDY BLVD.
SUITE 875
City-State-Zip: TAMPA FL 33609

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: BRIAN CODE

MGRM

01/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date