

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014065

**Entity Name:** ROUTINE CONVEYANCE, LLC

**Current Principal Place of Business:**

204 4TH AVENUE  
#194  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

PO BOX 194  
INDIAN ROCKS BEACH, FL 33785 US

**FEI Number:** 26-1906152

**Certificate of Status Desired:** No

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

VICKERS, ANGELA  
204 4TH AVENUE  
#194  
INDIAN ROCKS BEACH, FL 33785 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 MGRM  
Name VICKERS, ANGELA  
Address 204 4TH AVENUE  
#194  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

*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:** ANGELA VICKERS

**MEMBER**

**04/29/2016**

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

\_\_\_\_\_  
Date