SIGNATURE: CARY FOURMAN

Electronic Signature of Signing Authorized Person(s) Detail

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L08000048690

#### Entity Name: NORTH FLORIDA BUILDING MAINTENANCE, LLC

#### **Current Principal Place of Business:**

4963 BEACH BOULEVARD JACKSONVILLE, FL 32207

## **Current Mailing Address:**

4963 BEACH BOULEVARD JACKSONVILLE. FL 32207 US

## FEI Number: 41-2279395

# Name and Address of Current Registered Agent:

MONICA, FOURMAN 4963 BEACH BOULEVARD JACKSONVILLE, FL 32207 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

## Authorized Person(s) Detail :

Title	Ρ	Title	MGRM
Name	FOURMAN, MONICA MMRS.	Name	FOURMAN, CARY R
Address	4963 BEACH BOULEVARD	Address	4963 BEACH BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

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. 01/28/2019

MANAGING MEMBER

Date

FILED Jan 28, 2019 Secretary of State 3571082090CC

Certificate of Status Desired: No

Date