

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100090

**Entity Name:** SERVICES MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

2523 DAD WELDON ROAD  
DOVER, FL 33527

**Current Mailing Address:**

P.O. BOX 358  
DOVER, FL 33527

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GOMIS, COREY L  
2523 DAD WELDON ROAD  
DOVER, FL 33527 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 GOMIS, COREY L  
Address 2523 DAD WELDON ROAD  
City-State-Zip: DOVER FL 33527

Title MGRM  
Name GOMIS, EVON J  
Address 2523 DAD WELDON ROAD  
City-State-Zip: DOVER FL 33527

*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:** EVON GOMIS

MGRM

04/10/2018

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

\_\_\_\_\_  
Date