### 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. 02/15/2019

MANAGER

SIGNATURE: KAREN HUSTUS

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L1000003618

Entity Name: SECURE BANKING SERVICES, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

768 ARTHUR MOORE DR GREEN COVE SPRINGS. FL 32043

## **Current Mailing Address:**

768 ARTHUR MOORE DR GREEN COVE SPRINGS. FL 32043

## FEI Number: 32-0094046

# Name and Address

HUSTUS, EDWARD C 768 ARTHUR MOORE DR GREEN COVE SPRINGS,

The above named entity subm

#### SIGNATURE:

Electronic Signature	of Registered Agent
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## Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	HUSTUS, EDWARD C	Name	HUSTUS, KAREN L
Address	768 ARTHUR MOORE DR	Address	768 ARTHUR MOORE DR
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043

of Current Registered Agent:	
R 5, FL 32043 US	
mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
onic Signature of Registered Agent	Date

## FILED Feb 15, 2019 Secretary of State 2958583084CC

Certificate of Status Desired: No

Date