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 BONNIE A BROWN	MANAGER	04/05/2019

SIGNATURE: BONNIE A BROWN

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

2603 CHIQUITA BLVD S CAPE CORAL, FL 33914

## **Current Mailing Address:**

2603 CHIQUITA BLVD S CAPE CORAL. FL 33914 US

### FEI Number: 27-2349481

# Name and Address of Current Registered Agent:

BROWN, BONNIE A 2603 CHIQUITA BLVD S CAPE CORAL, FL 33914 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: BONNIE A. BROWN

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title MGR Name BROWN, BONNIE A Address 2603 CHIQUITA BLVD S City-State-Zip: CAPE CORAL FL 33914

Certificate of Status Desired: No

04/05/2019 Date

Date

## FILED Apr 05, 2019 Secretary of State 9298577358CC

MANAGER