

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082693

**Entity Name:** SEMSITE SOLUTIONS, LLC

**Current Principal Place of Business:**

ATTN: BRYCE PEEK  
1720 SE 16TH AVE BUILDING 200  
OCALA, FL 34471

**Current Mailing Address:**

ATTN: BRYCE PEEK  
1720 SE 16TH AVE BUILDING 200  
OCALA, FL 34471 US

**FEI Number:** 27-3268538

**Certificate of Status Desired:** No

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

PEEK, BRYCE  
ATTN: BRYCE PEEK  
1720 SE 16TH AVE BUILDING 200  
OCALA, FL 34471 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 MGR  
Name PEEK, ALBERT BRYCE JR.  
Address ATTN: BRYCE PEEK  
1720 SE 16TH AVE BUILDING 200  
City-State-Zip: Ocala FL 34471

*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:** ALBERT BRYCE PEEK JR

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date