

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091498

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC0452182825**

**Entity Name:** BARRISTER PROPERTY SOLUTIONS, LLC

**Current Principal Place of Business:**

2200 ISLE OF PINES AVE.  
FORT MYERS, FL 33905

**Current Mailing Address:**

2200 ISLE OF PINES AVE.  
FORT MYERS, FL 33905

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WANENMACHER, BARBARA  
2200 ISLE OF PINES AVE.  
FORT MYERS, FL 33905 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 SWFL ECONOMIC SOLUTIONS, LLC  
Address 1100B BEACH DRIVE  
City-State-Zip: HIGHLAND BEACH FL 33487

Title AUTHORIZED MEMBER  
Name UNRINE, ANDREA  
Address 721 NE MORNINGSIDE DR.  
City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED MEMBER  
Name BARTLETT, MARIANNE  
Address 481 CALOOSA ESTATES DR.  
City-State-Zip: LABELLE FL 33935

*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:** SWFL ECONOMIC SOLUTIONS, LLC

**MANAGER**

**02/07/2017**

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

\_\_\_\_\_  
Date