

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109246

**Entity Name:** SUMMIT FINANCIAL AND CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1671 ST. JOHNS BLUFF RD N.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1671 ST. JOHNS BLUFF RD. N.  
JACKSONVILLE, FL 32225 US

**FEI Number:** 27-3897201

**Certificate of Status Desired:** No

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

ISLEIB, DAVIA L  
12940 JUPITER HILLS CIRCLE N.  
JACKSONVILLE, FL 32225 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 ISLEIB, DAVIA L  
Address 12940 JUPITER HILLS CIRCLE N.  
City-State-Zip: JACKSONVILLE FL 32225

*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:** DAVIA L ISLEIB

MGRM

04/22/2015

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

\_\_\_\_\_ Date