### 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: LUZINETE V LOPES

Electronic Signature of Signing Authorized Person(s) Detail

(-) D-(-! . 4 1 

SIGNATURE: ISMAEL CARDOSO

Authorized Person(s) Detail :			
Title	MGRM	Title	MGR
Name	LOPES, LUZINETE V	Name	SANTANA, FELIPE
Address	PO BOX 07097	Address	PO BOX 07097
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919

# Name and Address of Current Registered Agent:

TIMELINE BUSINESS CENTER LLC 8971 DANIELS CENTER DR 304 FORT MYERS, FL 33912 US

# **Current Principal Place of Business:**

Entity Name: OPEN DOORS SERVICES LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

14870 REFLECTION KEY CIR., UNIT 1922 FORT MYERS, FL 33907

DOCUMENT# L10000111222

## **Current Mailing Address:**

PO BOX 07097 FORT MYERS, FL 33919

# FEI Number: 27-3763916

Electronic Signature of Registered Agent

06/30/2020 Date

Certificate of Status Desired: No

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.

MGRM

06/30/2020