

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119270

**Entity Name:** RETAILFIRST SERVICES, LLC**Current Principal Place of Business:**2310 COMMERCE POINT DRIVE  
LAKELAND, FL 33801**Current Mailing Address:**2310 COMMERCE POINT DRIVE  
LAKELAND, FL 33801**FEI Number:** 59-6656927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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	D
Name	NISSEN, NIS HIII
Address	4406 SUGARTREE DRIVE
City-State-Zip:	LAKELAND FL 33813

Title	D
Name	PETCOFF, THOMAS S
Address	1661 WILLIAMSBURG SQUARE
City-State-Zip:	LAKELAND FL 33803

Title	D
Name	WINTZ, CHARLES R
Address	8146 CROSSWIND ROAD
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	HANSELMAN, JOHN D
Address	12450 SW 140TH LOOP
City-State-Zip:	DUNNELLON FL 34432

Title	DIRECTOR
Name	HODGES, RICKY T
Address	2310 COMMERCE POINT DRIVE
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	PETCOFF, CORY T
Address	1661 WILLIAMSBURG SQUARE
City-State-Zip:	LAKELAND FL 33803

*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:** THOMAS S PETCOFF**DIRECTOR****04/07/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date