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.

MGR

SIGNATURE: WENDELL JONES

Electronic Signature of Signing Authorized Person(s) Detail

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	OWNER	Title	OWNER	
Name	JONES, WENDELL	Name	JONES, TYLER	
Address	515 E. LAS OLAS BLVD STE. 120	Address	515 E LAS OLAS BLVD STE. 120	
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301	

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.

FORT LAUDERDALE, FL 33301

## **Current Mailing Address:**

515 E LAS OLAS BLVD STE. 120 FORT LAUDERDALE, FL 33301 US

#### FEI Number: 45-2504586

Name and Address of Current Registered Agent:

JONES, WENDELL 515 E LAS OLAS BLVD STE. 120 FORT LAUDERDALE, FL 33301 US

SIGNATURE: WENDELL JONES

## 2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

#### DOCUMENT# L11000067671

Entity Name: SETTLEMENT MANAGEMENT SERVICES LLC

### **Current Principal Place of Business:**

515 E LAS OLAS BLVD STE. 120

# FILED Nov 06, 2020

#### Secretary of State 2708142566CC

Certificate of Status Desired: No

11/06/2020

11/06/2020

Date