

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000033613

Entity Name: W. SEARS NORTH, PHD., PLLC

Current Principal Place of Business:

9240 S. TWIST RD.
FLORAL CITY, FL 34436

Current Mailing Address:

9240 S. TWIST RD.
PO BOX 1178 (MAILING ADDRESS)
FLORAL CITY, FL 34436 US

FEI Number: 45-4780420

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NORTH, WILLIAM S
9240 S. TWIST RD.
FLORAL CITY, FL 34436 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 NORTH, WILLIAM S
Address 9240 S. TWIST RD.
City-State-Zip: FLORAL CITY FL 34436

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: WILLIAM S NORTH

MGRM

01/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date