# that my name appears above, or on an attachment with all other like empowered.

MGRM

## SIGNATURE: ROBERT DEICHMAN

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000091646

Entity Name: AMBASSADOR REFERRAL SERVICES LLC

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

1910 SW 18TH CT, BLDG 100 OCALA, FL 34471

## **Current Mailing Address:**

1910 SW 18TH CT, BLDG 100 OCALA. FL 34471 US

## FEI Number: 46-0542010

## Name and Address of Current Registered Agent:

DEICHMAN, ROBERT 1910 SW 18TH CT, BLDG 100 OCALA, FL 34471 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	DEICHMAN, ROBERT R	Name	DEICHMAN, NANCY J
Address	2123 SE 41ST AVE	Address	2123 SE 41ST AVE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

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

## FILED Apr 18, 2023 Secretary of State 2674834890CC

Certificate of Status Desired: No

Date

04/18/2023 Date