# 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.

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: THOMAS R SANDERS

# FT. MCCOY, FL 32134 **Current Mailing Address:**

13820 NE 150TH AVENUE FT. MCCOY. FL 32134 US

DOCUMENT# L13000110112

13820 NE 150TH AVENUE

# FEI Number: 82-3838181

## Name and Address of Current Registered Agent:

ORTIZ, GEORGE 3391 E SILVER SPRINGS BLVD SUITE G OCALA, FL 34470 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           | MANAGER               |
|-----------------|-----------------------|
| Name            | SANDERS, THOMAS R     |
| Address         | 13820 NE 150TH AVENUE |
| City-State-Zip: | FT. MCCOY FL 32134    |

**Current Principal Place of Business:** 

Certificate of Status Desired: No

Date

02/11/2020 Date

# FILED Feb 11, 2020 Secretary of State 6893628627CC

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: A & J STORM RECOVERY & DEBRIS REMOVAL, LLC