

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000124890

Entity Name: WILSON DUTRA, PLLC

Current Principal Place of Business:

7643 GATE PARKWAY
STE 10489
JACKSONVILLE, FL 32256

Current Mailing Address:

7643 GATE PARKWAY
STE 10489
JACKSONVILLE, FL 32256 US

FEI Number: 46-3584419

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, CAMILLE ANJES
7643 GATE PARKWAY
STE 10489
JACKSONVILLE, FL 32256 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 WILSON, CAMILLE ANJES
Address 7643 GATE PARKWAY
STE 10489
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM
Name DUTRA, FERNANDO A
Address 7643 GATE PARKWAY
STE 10489
City-State-Zip: JACKSONVILLE FL 32256

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: FERNANDO DUTRA

MGRM

03/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date