

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000178137

**Entity Name:** FRONTLINE COMMERCE SOLUTIONS LLC

**Current Principal Place of Business:**

1075 W. MORSE BLVD.  
WINTER PARK, FL 32789

**Current Mailing Address:**

1075 W. MORSE BLVD.  
WINTER PARK, FL 32789

**FEI Number: 46-4397464**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KHOURY CONSULTING, INC  
1075 W. MORSE BLVD.  
WINTER PARK, FL 32789 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 O'CONNELL, PADRAIG  
Address 1075 W. MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name KHOURY, ZIAD  
Address 1075 W. MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title AMBR  
Name TOFFETTI, GEOFF  
Address 1075 W. MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title AMBR  
Name SHEEHE, BERNARD  
Address 1075 W. MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name KHOURY CONSULTING INC  
Address 1075 W. MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

*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: BERNARD SHEEHE**

**VP**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date