

2021 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: ZIAD Y KHOURY**AP SPECIALIST****04/12/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date