

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000021805

**Entity Name:** NEEDCORP LLC

**Current Principal Place of Business:**

4027 CASHMERE DR.  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

4027 CASHMERE DR.  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 46-4765405

**Certificate of Status Desired:** No

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

NEEDCORP LLC  
4027 CASHMERE DR.  
NEW PORT RICHEY, FL 34652 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:** JOHN WISE

03/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CROZIER, JANICE L  
Address        4027 CASHMERE DR.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title           MANGER  
Name           WISE, JOHN  
Address        4027 CASHMERE DR.  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** JANICE L CROZIER

MANAGER

03/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date