# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000023353

Entity Name: LUKENS CLIENT SERVICES, LLC

#### **Current Principal Place of Business:**

770 SE INDIAN STREET STUART, FL 34997

# **Current Mailing Address:**

770 SE INDIAN STREET STUART, FL 34997 US

# FEI Number: 46-4827898

## Name and Address of Current Registered Agent:

ABERNETHY, BRUCE R JR. 130 S. INDIAN RIVER DRIVE, SUITE 201 FT. PIERCE, FL 34950 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
 MGR

 Name
 TARPON MANAGEMENT SERVICES, LLC

 Address
 770 SE INDIAN STREET

 City-State-Zip:
 STUART FL 34997

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

SIGNATURE: TARPON MANAGEMENT SERVICES LLC

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 06, 2016 Secretary of State CC9207411516

Certificate of Status Desired: No

Date

04/06/2016 Date