

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028022

**Entity Name:** EXCELLENT BUSINESS & PROPERTY SOLUTIONS OF  
FLORIDA LLC

**FILED**  
**Apr 17, 2019**  
**Secretary of State**  
**3369541249CC**

**Current Principal Place of Business:**

121 S. ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801

**Current Mailing Address:**

445 FONTANA CIRCLE  
101  
OVIEDO, FL 32765 US

**FEI Number: 46-4979237**

**Certificate of Status Desired: Yes**

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

JACOBS, MARY ANN  
445 FONTANA CIRCLE, STE 101  
OVIEDO, FL 32765 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 AMBR  
Name BROADUS, SHAWNTE  
Address 445 FONTANA CIRCLE,  
City-State-Zip: OVIEDO FL 32765

Title AMBR  
Name BROADUS, JAMES  
Address 121 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title MANAGING MEMBER  
Name CHAMES, TARIQUE  
Address 1228 TWIN RIVERS BLVD  
City-State-Zip: OVIEDO FL 32766

Title MANAGING MEMBER  
Name LOTT, CARSON  
Address 1228 TWIN RIVERS BLVD  
City-State-Zip: OVIEDO FL 32766

*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: SHAWNTE BROADUS**

**MANAGER**

**04/17/2019**

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

\_\_\_\_\_  
Date