

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000162431

Entity Name: ULTIMATE EXPECTATIONS L.L.C.

Current Principal Place of Business:

343 GORDON ST.
SANFORD, FL 32771

Current Mailing Address:

P.O. BOX 521607
LONGWOOD, FL 32752

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COHEN, PETER
608 FLORIDA BLVD
ATAMONTE SPRINGS, FL 32701 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 MR.
Name COHEN, PETER
Address 608 FLORIDA BLVD.
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: PETER COHEN

MANAGER

04/09/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date