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: ELISEE PIERRE PAUL

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	PIERRE PAUL, ELISEE EA	Name	SUPREME, NIKETTE
Address	1551 PRIORY CIRCLE	Address	1551 PRIORY CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787

# S

KISSIMMEE, FL 3	4741 US
The above named er	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of
SIGNATURE:	PATRICK PAUL
	Electronic Signature of Registered Agent

## Name and Address of Current Registered Agent:

KISSIMMEE, FL 34741 **Current Mailing Address:** 

3501 W VINE STREET

516

**1551 PRIORY CIRCLE** WINTER GARDEN, FL 34787 US

## FEI Number: 47-2350352

PAUL, PATRICK 3501 W VINE ST 504

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000181641

Entity Name: NECEPP FINANCIAL SOLUTIONS, LLC

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

FILED Apr 30, 2019 Secretary of State 6856690682CC

Certificate of Status Desired: No

of Florida.

04/30/2019 Date

04/30/2019 Date

AMBR