

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000004904

Entity Name: STATISFY, LLC

Current Principal Place of Business:

485 NW DOVER CT.
PORT ST. LUCIE, FL 34983

Current Mailing Address:

485 NW DOVER CT.
PORT ST. LUCIE, FL 34983

FEI Number: 47-2752285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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 ROSE, PHILIP
Address 485 NW DOVER CT.
City-State-Zip: PORT ST. LUCIE FL 34983

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: PHILIP ROSE

MEMBER

03/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date