

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000141780

**Entity Name:** WEST COAST FINGERPRINTS AND BACKGROUND CHECK LLC

**FILED**  
**Apr 08, 2021**  
**Secretary of State**  
**5637029879CC**

**Current Principal Place of Business:**

15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647

**Current Mailing Address:**

15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647 US

**FEI Number:** 47-4946162

**Certificate of Status Desired:** No

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

KASHUMBA, AGNES  
15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647 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:** AGNES KASHUMBA

04/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KASHUMBA, AGNES  
Address 19030 PORTOFINO DRIVE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name NGIGI, JACINTA  
Address 19030 PORTOFINO DRIVE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name KASHUMBA, PHILIP  
Address 19030 PORTOFINO DRIVE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name MEMORY, KASHUMBA  
Address 19030 PORTOFINO DRIVE  
City-State-Zip: TAMPA FL 33647

*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:** JACINTA NGIGI

MGR

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date