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 RUSSELL ALLEN	MANAGER	06/27/2020

SIGNATURE: RUSSELL ALLEN

Electronic Signature of Signing Authorized Person(s) Detail

#### Authorized Person(s) Detail :

Title MANAGER Name ALLEN, RUSSELL 6240 LAKE OSPREY DRIVE Address City-State-Zip: SARASOTA FL 34240

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000146454

Entity Name: MS ADMINISTRATIVE SERVICES - CORAL SPRINGS, LLC

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

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

## **Current Mailing Address:**

6240 LAKE OSPREY DRIVE SARASOTA, FL 34240

# FEI Number: 30-8881897

# Name and Address of Current Registered Agent:

ALLEN, RUSSELL 6240 LAKE OSPREY DRIVE SARASOTA, FL 34240 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: RUSSELL ALLEN

Electronic Signature of Registered Agent

Certificate of Status Desired: No

06/27/2020 Date

FILED Jun 27, 2020 Secretary of State 6432519327CC

Date