

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000027065

**Entity Name:** SERVICE SOLUTIONS PROPERTY CARE, LLC

**Current Principal Place of Business:**

1845 WILBUR AVE  
SUITE C  
VERO BEACH, FL 32960

**Current Mailing Address:**

P.O. BOX 650661  
VERO BEACH, FL 32965 US

**FEI Number: 81-1369405**

**Certificate of Status Desired: No**

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

FEDICK, LANCE M  
1411 5TH CT  
VERO BEACH, FL 32960 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            PRES  
Name            FEDICK, LANCE M  
Address        1411 5TH CT  
City-State-Zip: VERO BEACH FL 32960

Title            VP  
Name            FEDICK, KAREN R  
Address        1411 5TH CT  
City-State-Zip: VERO BEACH FL 32960

Title            TREA  
Name            WYNE, SHAWN A  
Address        1101 27TH AVE  
City-State-Zip: VERO BEACH FL 32960

Title            AUTHORIZED REPRESENTATIVE  
Name            THRELKELD, AMY  
Address        P.O. BOX 1404  
City-State-Zip: VERO BEACH FL 32961

*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: SHAWN WYNE**

**TREASURER**

**04/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date