#### **2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000170028

**Entity Name: PROFESSIONAL CONTRACT MANAGEMENT LLC** 

FILED
Mar 15, 2018
Secretary of State
CR7694326649

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

18848 US HWY 441 1004

MT DORA, FL 32757

## **Current Mailing Address:**

1718 CAPITOL AVE CHEYENNE, WY 82001 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 3030 N. ROCKY POINT DR 150A TAMPA, FL 33607 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: REGISTERED AGENTS INC 03/15/2018

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title AUTHORIZED MEMBER
Name PROFESSIONAL CONTRACT

MANAGEMENT, INC

Address 1718 CAPITOL AVE

City-State-Zip: CHEYENNE WY 82001

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: LENA JESSEN

MANAGER, PROFESSIONAL CONTRACT MANAGEMENT, INC. 03/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date