2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000172973

Entity Name: SLI ACCOUNTING SERVICES, LLC

Current Principal Place of Business:

101 S STATE ROAD 7 SUITE 101 PLANTATION, FL 33317

Current Mailing Address:

101 S STATE ROAD 7 SUITE 101 PLANTATION, FL 33317 US

FEI Number: 81-3863621

Name and Address of Current Registered Agent:

PEREZ , MONICA 654 WOODGATE CIRCLE SUNRISE, FL 33326 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 | E: MONICA PEREZ | | | 04/13/2018 | |
|-------------------------------|--|-----------------|---------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | MGR | Title | MGR | | |
| Name | FINANCIAL AND ADMINISTRATIVE | Name | PEREZ, MONICA | | |
| A data a a | SOLUTIONS, LLC | Address | 101 S STATE ROAD 7 | | |
| Address | 101 S STATE ROAD 7 SUITE 101 | | SUITE 101 | | |
| City-State-Zip: | PLANTATION FL 33317 | City-State-Zip: | PLANTATION FL 33317 | | |
| Title | MGR | | | | |
| Name | PEREZ, CARLOS J | | | | |
| Address | 101 S STATE ROAD 7 SUITE 101 | | | | |
| City-State-Zip: | PLANTATION FL 33317 | | | | |

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: MONICA PEREZ | MGR | 04/13/2018 |
|-------------------------|-----|------------|
| | | |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 13, 2018 Secretary of State CC7841244766

Certificate of Status Desired: No

Date