

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000212010

**Entity Name:** UNIFIED SUPPORT SOLUTIONS, LLC

**Current Principal Place of Business:**

16751 N.W. 170TH ST.  
WILLISTON, FL 32696

**Current Mailing Address:**

P.O. BOX 701  
WILLISTON, FL 32696 US

**FEI Number: 81-4495953**

**Certificate of Status Desired: No**

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

WALLACE-JACKSON, TORI S  
16751 N.W. 170TH ST.  
WILLISTON, FL 32696 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	MGR	Title	AMBR
Name	WALLACE-JACKSON, TORI S	Name	JACKSON, THOMAS E SR.
Address	P.O. BOX 701	Address	P.O. BOX 701
City-State-Zip:	WILLISTON FL 32696	City-State-Zip:	WILLISTON FL 32696

*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: TORI S WALLACE-JACKSON**

**MGR**

**04/29/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date