

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000006596

**Entity Name:** 1-855CASHMAN LLC

**Current Principal Place of Business:**

412 E MADISON ST  
#909  
TAMPA, FL 33602

**Current Mailing Address:**

412 E MADISON ST,  
#909  
TAMPA, FL 33602 US

**FEI Number:** 81-5161479

**Certificate of Status Desired:** No

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

G HOME SOLUTIONS LLC  
9800 4TH STREET NORTH  
200  
ST. PETERSBURG, FL 33702 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 AMBR  
Name EBANKS, HULSEY L JR  
Address 412 E MADISON ST,  
#909  
City-State-Zip: TAMPA FL 33602

Title AMBR  
Name EBANKS, CELLISIA S  
Address 412 E MADISON ST,  
#909  
City-State-Zip: TAMPA FL 33602

Title AUTHORIZED MEMBER  
Name ROBINSON, SHARON  
Address 412 E MADISON ST,  
#909  
City-State-Zip: TAMPA FL 33602

Title AMBR  
Name OMNI-ASH, LLC (A NEVADA LIMITED)  
Address 412 E MADISON ST,  
#909  
City-State-Zip: TAMPA FL 33602

*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:** HULSEY EBANKS

**MANAGING MEMBER**

**04/04/2019**

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

\_\_\_\_\_  
Date