

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000039186

**Entity Name:** PROKOP MANAGEMENT, LLC

**Current Principal Place of Business:**

1426 WILKES POINT RD.  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

1426 WILKES POINT RD.  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number: 82-4016085**

**Certificate of Status Desired: No**

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

PROKOP, VICTORIA  
1426 WILKES POINT RD.  
GREEN COVE SPRINGS, FL 32043 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	Title	AMBR
Name	PROKOP, VICTORIA	Name	PROKOP, CHRISTOPHER
Address	1426 WILKES POINT RD.	Address	1426 WILKES POINT RD.
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043

*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: VICTORIA PROKOP**

**OWNER**

**02/19/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date