

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000121490

**Entity Name:** 6 SERRELL AVENUE, LLC

**Current Principal Place of Business:**

19029 U.S. HIGHWAY 19 N.  
APT 34F  
CLEARWATER, FL 33764

**Current Mailing Address:**

19029 U.S. HIGHWAY 19 N.  
APT 34F  
CLEARWATER, FL 33764 US

**FEI Number:** 82-2414024

**Certificate of Status Desired:** No

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

KIBLER, CLARE T  
19029 U.S. HIGHWAY 19 N.  
APT 34F  
CLEARWATER, FL 33764 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            TWO DIGITS, LLC  
Address        19029 U.S. HIGHWAY 19 N.  
City-State-Zip: CLEARWATER FL 33764

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:** CLARE KIBLER

**REGISTERED AGENT**

**03/28/2019**

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

\_\_\_\_\_  
Date