

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000129116

**Entity Name:** A TOUCH OF GLASS OF FLORIDA, LLC

**Current Principal Place of Business:**

572 BRECKENRIDGE VLG  
207  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P O BOX 195248  
WINTER SPRINGS, FL 32719 US

**FEI Number:** 82-1942065

**Certificate of Status Desired:** No

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

CASILLAS, ANGEL  
572 BRECKENRIDGE VLG  
SUITE 207  
ALTAMONTE SPRINGS, FL 32714 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  
Name CASILLAS, ANGEL  
Address P O BOX 195248  
City-State-Zip: WINTER SPRINGS FL 32719

*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:** ANGEL CASILLAS

MGR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date