

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000197736

Entity Name: SLAVEN ALTERNATIVE SERVICES LLC

Current Principal Place of Business:

15449 MORGAN STR
CLEARWATER, FL 33760

Current Mailing Address:

15449 MORGAN STR
CLEARWATER, FL 33760

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLAVOV, SLAVEN
15449 MORGAN STR N
CLEARWATER,, FL 33760 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 SLAVOV, SLAVEN
Address 15449 MORGAN STR
City-State-Zip: CLEARWATER FL 33760

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: SLAVEN SLAVOV

SLAVEN SLAVOV

02/07/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date