

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000209455

**Entity Name:** LAW OFFICE OF JOHN REID PLLC

**Current Principal Place of Business:**

113 SOUTH MONROE STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

POST OFFICE BOX 6272  
TALLAHASSEE, FL 32314-6272 US

**FEI Number:** 82-3023015

**Certificate of Status Desired:** No

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

REID, JOHN  
113 SOUTH MONROE STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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 MGRM  
Name REID, JOHN  
Address POST OFFICE BOX 6272  
City-State-Zip: TALLAHASSEE FL 32314-6272

*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:** JOHN LAURANCE REID

**MANAGING MEMBER**

**06/21/2020**

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

\_\_\_\_\_  
Date