#### that my name appears above, or on an attachment with all other like empowered. 04/22/2019 SIGNATURE: JOSEPH SIMMONS

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L17000250870 Entity Name: SIMMONS CAPITAL MANAGEMENT GROUP, LLC

# **Current Principal Place of Business:**

3614 EVANS AVENUE FORT MYERS. FL 33901

## **Current Mailing Address:**

3614 EVANS AVENUE FORT MYERS. FL 33901 US

## FEI Number: 83-2763853

## Name and Address of Current Registered Agent:

SIMMONS, JOSEPH NATHAN IV 3614 EVANS AVE FORT MYERS, FL 33901-8312 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: JOSEPH SIMMONS

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MGR
Name	SIMMONS, JOSEPH N IV
Address	3614 EVANS AVENUE
City-State-Zip:	FORT MYERS FL 33901

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

FILED Apr 22, 2019 Secretary of State 5346276651CC

Certificate of Status Desired: No

Date

City-State-Zip: FORT MYERS FL 33901

04/22/2019

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT