

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000251878

Entity Name: GENEX PROS LLC

Current Principal Place of Business:

1535
N. ENDICOTT PT
CRYSTAL RIVER, FL, FL 34429

Current Mailing Address:

4902 NELSON LANE
STURGEON BAY, WI 54235 US

FEI Number: 82-3655633

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOLFE, GARY S
3835 PALM BEACH BLVD
FORT MYERS, FL 33916 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 WOLFE, CHARLES J
Address 3835 PALM BEACH BLVD
City-State-Zip: FORT MYERS FL 33916

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: CHARLES WOLFE

SOLE PROPRIETOR

06/26/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date