

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000261732

Entity Name: SUITE E LLC

Current Principal Place of Business:

3902 NW 21 LANE
GAINESVILLE, FL 32605

Current Mailing Address:

PO BOX 358878
GAINESVILLE, FL 32635 US

FEI Number: 82-5034455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPOFFORD, DAVID J
3902 NW 21 LANE
GAINESVILLE, FL 32605 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 AMBR
Name SPOFFORD, DAVID J
Address PO BOX 358878
City-State-Zip: GAINESVILLE FL 32635

Title AMBR
Name ROBIN, ELINOR
Address PO BOX 358878
City-State-Zip: GAINESVILLE FL 32635

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: DAVID SPOFFORD

AMBR

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date