

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000042800

Entity Name: S.Y.O.T.O.S. MANAGEMENT, LLC

Current Principal Place of Business:

85694 BLACK TERN DR
YULEE, FL 32097

Current Mailing Address:

PO BOX 50266
JACKSONVILLE BEACH, FL 32240

FEI Number: 82-4606336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, NATE N
85694 BLACK TERN DR
YULEE, FL 32097 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 BURNS, NATE
Address 85694 BLACK TERN DR
City-State-Zip: YULEE FL 32097

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: NATE BURNS

MGR

04/27/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date