Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SERVILLE KIRK DOUGLAS

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L18000069399

# Entity Name: SERVILLE DOUGLAS AUTO BODY REPAIR LLC

## **Current Principal Place of Business:**

1209 OLD HOPEWELL RD UNIT 19A TAMPA, FL 33619

# **Current Mailing Address:**

1813 CITRUS ORCHARD WAY VALRICO, FL 33594

## FEI Number: 82-4904826

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

JACK-DOUGLAS, ANN MARIE 1813 CITRUS ORCHARD WAY VALRICO, FL 33594 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

#### Authorized Person(s) Detail :

Title	MGR
Name	DOUGLAS, SERVILLE
Address	1813 CITRUS ORCHARD WAY
City-State-Zip:	VALRICO FL 33594

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.

MANAGER

03/02/2019

Date

# FILED Mar 02, 2019 Secretary of State 2750446051CC

Certificate of Status Desired: Yes

Date