# 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. 01/27/2022

AR

SIGNATURE: RUTH LANDES

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 7654 15TH ST E

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LANDES EMERGENCY TRAINING SERVICES, LLC

SARASOTA, FL 34243

### **Current Mailing Address:**

DOCUMENT# L18000074449

6235 COLUMBIA DR BRADENTON, FL 34207 US

## FEI Number: 82-4988702

### Name and Address of Current Registered Agent:

LANDES, RUTH 6235 COLUMBIA DR BRADENTON, FL 34207 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:

#### Authorized Pers

Title	AR	Title	AR
Name	LANDES, RICHARD	Name	LANDES, RUTH
Address	6235 COLUMBIA DR	Address	6235 COLUMBIA DR
City-State-Zip:	BRADENTON FL 34207	City-State-Zip:	BRADENTON FL 34207

Electronic Signature of Registered Agent					
rson(s) Detail :					
२	Title	AR			
ANDES, RICHARD	Name	LANDES, RUTH			
	Adroop				

Certificate of Status Desired: Yes

FILED Jan 27, 2022 Secretary of State 7109186727CC

Date

Date