

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000081111

**Entity Name:** FLORIDA RESIDENTIAL CONSULTANTS LLC

**Current Principal Place of Business:**

8215 N LOIS AVE  
TAMPA, FL 33614

**Current Mailing Address:**

PO BOX 261153  
TAMPA, FL 33685 US

**FEI Number: 81-3740740**

**Certificate of Status Desired:** No

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

JUAN, CARLOS  
8215 N LOIS AVE  
TAMPA, FL 33614 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:** CARLOS JUAN

10/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JUAN, CARLOS M  
Address 8215 N LOIS AVE  
City-State-Zip: TAMPA FL 33614

*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:** CARLOS JUAN

MGR

10/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date