## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000087687

Entity Name: ABLES, CRAIG & LECONEY, A PROFESSIONAL LIMITED

**COMPANY** 

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

551 S. COMMERCE AVENUE SEBRING, FL 33870

## **Current Mailing Address:**

551 S. COMMERCE AVENUE SEBRING, FL 33870 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIG, BRANDON S 551 S. COMMERCE AVENUE SEBRING, FL 33870 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

**FILED** Feb 25, 2019

**Secretary of State** 

8713443230CC

Authorized Person(s) Detail:

MGR Title **MGR** 

Name ABLES & CRAIG, P.A. Name SCOTT R. LECONEY, P.A. Address 551 S. COMMERCE AVENUE Address 551 S. COMMERCE AVENUE

SEBRING FL 33780 City-State-Zip: SEBRING FL 33870 City-State-Zip:

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: ABLES & CRAIG, P.A.

**MGR** 

02/25/2019