

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000105272

**Entity Name:** SAM VEATCH DESIGN LLC

**Current Principal Place of Business:**

2809 CLIFFE CT  
OVIEDO, FL 32765

**Current Mailing Address:**

2809 CLIFFE CT  
OVIEDO, FL 32765 US

**FEI Number:** 82-5476960

**Certificate of Status Desired:** Yes

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

VEATCH, SAMUEL S  
2809 CLIFFE CT  
OVIEDO, FL 32765 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            AMBR  
Name            VEATCH, SAMUEL  
Address        2809 CLIFFE CT  
City-State-Zip: OVIEDO FL 32765

*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:** SAMUEL VEATCH

01/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date