

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000105464

**Entity Name:** CONNECTS PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

157 HAMPTON POINT DRIVE  
SUITE 2  
SAINT JOHNS, FL 32092

**Current Mailing Address:**

157 HAMPTON POINT DRIVE  
SUITE 2  
SAINT JOHNS, FL 32092 US

**FEI Number:** 82-5392853

**Certificate of Status Desired:** No

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

LI, WILLIAM  
159 HAMPTON POINT DRIVE SUITE 1  
SAINT AUGUSTINE, FL 32092 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 MGR  
Name WILLIAMSON, MICHAEL D  
Address 157 HAMPTON POINT DRIVE SUITE 2  
City-State-Zip: SAINT JOHNS FL 32092

*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:** MICHAEL D WILLIAMSON

**MANAGER**

**03/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date