

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000255418

**Entity Name:** PHILIP ROSS ENTERPRISES, LLC

**Current Principal Place of Business:**

1801 CHANDELLE COURT  
PORT ORANGE, FL 32128

**Current Mailing Address:**

1801 CHANDELLE COURT  
PORT ORANGE, FL 32128

**FEI Number: 83-2421330**

**Certificate of Status Desired: No**

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

TRAVIS PERRY CPA PA  
595 NORTH NOVA ROAD  
SUITE 107  
ORMOND BEACH, FL 32174 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 SCHREIBER, ADRIAN  
Address 3606 S BELCHER DRIVE  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name SCHRIEBER, LESLIE  
Address 4095 HARDIE AVE  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name SCHREIBER, VANESSA  
Address 700 MAIN STREET, APT 4  
City-State-Zip: VENICE CA 90291

Title MGR  
Name SCHREIBER , HENRY  
Address 1801 CHANDELLE COURT  
City-State-Zip: PORT ORANGE FL 32128

*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: HENRY SCHREIBER**

**MEMBER**

**04/08/2021**

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

\_\_\_\_\_  
Date