## 2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000284300

Entity Name: EXECUTIVE TRUST SERVICES LLC

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

10380 SW VILLAGE CENTER DR 365 PORT ST LUCIE, FL 34987

# **Current Mailing Address:**

10380 SW VILLAGE CENTER DR 365 PORT ST LUCIE, FL 34987 UN

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

SOUTH FLORIDA RA SERVICES LLC 10380 SW VILLAGE CENTER DR 365 PORT ST LUCIE, FL 34987 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: RICHARD RAGO

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleARNameSOUTH FLORIDA RA SERVICE LLCAddress10380 SW VILLAGE CENTER DR 365City-State-Zip:PORT ST LUCIE FL 34987

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: RICHARD RAGO

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 23, 2020 Secretary of State 5999422171CR

Certificate of Status Desired: No

01/23/2020 Date

01/23/2020

AP

Date