

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000014560

**Entity Name:** LEGAL EASE PROFESSIONAL SOLUTIONS, LLC

**Current Principal Place of Business:**

8314 N. FREMONT AVENUE  
TAMPA, FL 33604

**Current Mailing Address:**

PO BOX 173425  
TAMPA, FL 33672 US

**FEI Number: 83-3286454**

**Certificate of Status Desired: No**

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

WIELKI, CATHERINE  
8314 N. FREMONT AVENUE  
TAMPA, FL 33604 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 WIELKI, CATHERINE  
Address 8314 N FREMONT AVENUE  
City-State-Zip: TAMPA FL 33604

*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: CATHERINE WIELKI**

**MANAGER**

**01/03/2020**

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

\_\_\_\_\_ Date