

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000033321

**Entity Name:** PEAK ACCESS SOLUTIONS LLC

**Current Principal Place of Business:**

1001 E. BAKER STREET  
SUITE 403  
PLANT CITY, FL 33563

**Current Mailing Address:**

P. O. BOX 1071  
DOVER, FL 33527 US

**FEI Number:** 84-3978861

**Certificate of Status Desired:** Yes

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

RUIZ, JENNIFER C  
1001 E. BAKER STREET  
SUITE 403  
PLANT CITY, FL 33563 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:** RUIZ, JENNIFER C

**01/27/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                   |                 |                                   |
|-----------------|-----------------------------------|-----------------|-----------------------------------|
| Title           | PRESIDENT                         | Title           | VP                                |
| Name            | LEWIS, ROBERT                     | Name            | RUIZ, JENNIFER C                  |
| Address         | 1001 E. BAKER STREET<br>SUITE 403 | Address         | 1001 E. BAKER STREET<br>SUITE 403 |
| City-State-Zip: | PLANT CITY FL 33563               | City-State-Zip: | PLANT CITY FL 33563               |

*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:** RUIZ , JENNIFER C

**VICE PRESIDENT**

**01/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date