ILKS, I	E 33913 03						
e named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
	Electronic Signature of Registered Agent			1			
ized Person(s) Detail :							
	PRESIDENT	Title	PRESIDENT				
	VASS, JON M	Name	SASO, ANTHONY C				

FORT MYERS. FL 33913 **Current Mailing Address:** 

**Current Principal Place of Business:** 

Entity Name: FLORIDA PORTABLES LLC

5809 NEWFOUNDLAND CIRCLE 2 FORT MYERS, FL 33907

DOCUMENT# L19000045148

14370 BRIAR LANE

## FEI Number: 83-3698909

Name and Address of Current Registered Agent:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MCDILL, PAUL 14370 BRIAR LANE FORT MYERS, FL 33913 US

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. 03/16/2020 SIGNATURE: JON VASS

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

The above

## SIGNAT

## Authoria

Authorized Person(s) Detail :						
Title	PRESIDENT	Title	PRESIDENT			
Name	VASS, JON M	Name	SASO, ANTHONY C			
Address	14370 BRIAR LANE	Address	20120 CAMPBELL RD. N.			
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	NORTH FT. MYERS FL 33917			

Date

Date

PRESIDENT