

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000056973

**Entity Name:** FLORIDA PROFESSIONAL NOTARY, LLC

**Current Principal Place of Business:**

5030 GOLDEN FIG LANE  
WIMAUMA, FL 33598

**Current Mailing Address:**

5030 GOLDEN FIG LANE  
WIMAUMA, FL 33598 US

**FEI Number: 85-1155462**

**Certificate of Status Desired: Yes**

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

FULLER, KRISTAL  
5030 GOLDEN FIG LANE  
WIMAUMA, FL 33598 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	Title	AMBR
Name	FULLER, KRISTAL	Name	FULLER, KEVIN
Address	5030 GOLDEN FIG LANE	Address	5030 GOLDEN FIG LANE
City-State-Zip:	WIMAUMA FL 33598	City-State-Zip:	WIMAUMA FL 33598

*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: KRISTAL FULLER**

**MANAGER**

**06/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date