

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000104211

Entity Name: ECLECTIC SYSTEMS LLC**Current Principal Place of Business:**23 EGRET DR
PALM COAST, FL 32137**Current Mailing Address:**23 EGRET DR
PALM COAST, FL 32137 US**FEI Number:** 83-4568987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH CT N
SUITE 36
LOXAHATCHEE, FL 33470 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	AMBR
Name	GROW, JOHN
Address	23 EGRET DR
City-State-Zip:	PALM COAST FL 32137

Title	AMBR
Name	DAWSON, CHRISTOPHER
Address	23 EGRET DR
City-State-Zip:	PALM COAST FL 32137

Title	AMBR
Name	ADAM, WERNER
Address	23 EGRET DR
City-State-Zip:	PALM COAST FL 32137

Title	AMBR
Name	UFFERMAN, MICHAEL
Address	23 EGRET DR
City-State-Zip:	PALM COAST FL 32137

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: CHRISTOPHER DAWSON**MEMBER****04/24/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date