

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005530

Entity Name: SBM FACILITY SERVICES, LLC**Current Principal Place of Business:**5241 ARNOLD AVE
MCCLELLAN, CA 95652**Current Mailing Address:**5241 ARNOLD AVE
MCCLELLAN, CA 95652**FEI Number:** 26-1367999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARDO, GINO
4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246 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:** GINO PARDO

03/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SOMERS, CHARLES
Address	5241 ARNOLD AVE
City-State-Zip:	MCCLELLAN CA 95652

Title	MGR
Name	TRACY, DON
Address	5241 ARNOLD AVE
City-State-Zip:	MCCLELLAN CA 95652

Title	MGR
Name	ALVARADO, RON
Address	5241 ARNOLD AVE
City-State-Zip:	MCCLELLAN CA 95652

Title	AUTHORIZED REPRESENTATIVE
Name	ALVARADO, MARY
Address	5241 ARNOLD AVE
City-State-Zip:	MCCLELLAN CA 95652

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: MARY ALVARADO**AUTHORIZED
REPRESENTATIVE**

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date