

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001445

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC8897165096**

**Entity Name:** IDEAL PROPERTY SOLUTIONS LLC

**Current Principal Place of Business:**

1945 COUNTY ROAD 419, SUITE #1141-201  
OVIEDO, FL 32766

**Current Mailing Address:**

1945 COUNTY ROAD 419, SUITE #1141-201  
OVIEDO, FL 32766 US

**FEI Number:** 27-1526859

**Certificate of Status Desired:** Yes

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

TORRES, AMY  
1945 COUNTY ROAD 419, SUITE #1141-201  
OVIEDO, FL 32766 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	MGRM	Title	MGRM
Name	TORRES, JOSE	Name	TORRES, AMY
Address	1945 COUNTY ROAD 419, SUITE #1141-201	Address	1945 COUNTY ROAD 419, SUITE #1141-201
City-State-Zip:	OVIEDO FL 32766	City-State-Zip:	OVIEDO FL 32766

*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:** AMY TORRES

**MANAGER/MEMBER**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date