## 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F09000005047

Entity Name: FLEXENTIAL SOUTH FLORIDA CORP

#### **Current Principal Place of Business:**

8809 LENOX POINTE DRIVE STE G CHARLOTTE, NC 28273

### **Current Mailing Address:**

8809 LENOX POINTE DR STE G CHARLOTTE, NC 28273 AL

# FEI Number: 27-1427425

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Jun 15, 2020 Secretary of State 7842340690CC

Date

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	CEO & DIRECTOR	Title	CFO & DIRECTOR
Name	DOWNIE, CHRISTOPHER W	Name	NOONAN, BRIAN J
Address	8809 LENOX POINTE DR STE G	Address	8809 LENOX POINTE DR STE G
City-State-Zip:	CHARLOTTE NC 28273	City-State-Zip:	CHARLOTTE NC 28273
Title	VP	Title	COO & DIRECTOR
Name	JOHNSON, JILL R	Name	KRZA, MICHAEL
Address	8809 LENOX POINTE DR STE G	Address	11900 EAST CORNELL AVE BLDG B, 3RD FLOOR
City-State-Zip:	CHARLOTTE NC 28273	City-State-Zip:	AURORA CO 80014
Title	GC & DIRECTOR	Title	SECRETARY
Name	GUERRIERO, JOSEPH	Name	SMOLEN, DAVID
Address	11900 EAST CORNELL AVE BLDG B, 3RD FLOOR	Address	188 THE EMBARCADERO SUITE 700
City-State-Zip:	AURORA CO 80014	City-State-Zip:	

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL R JOHNSON

VP OF TAXATION

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date