### 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: ANITA SOLOMON

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

# **Officer/Director Detail :**

SIGNATURE:

Title	PD	Title	VSD
Name	SOLOMON, ANITA G	Name	SOLOMON, ANITA
Address	14530 CYPRESS ISLAND CIR	Address	14530 CYPRESS ISLAND CIR
City-State-Zip:	PALM BCH GARDENS FL 33410	City-State-Zip:	PALM BCH GARDENS FL 33410
Title	VP		
Name	CONTE, ELAINE D		
Address	124 SHORE COURT APT. 109		
City-State-Zip:	NORTH PALM BEACH FL 33408		

**Current Mailing Address:** 

Entity Name: AVID FLOOR MAINTENANCE, INC.

1201 US HWY ONE STE 405 NORTH PALM BEACH. FL 33408

**Current Principal Place of Business:** 

## FEI Number: 59-2582891

1201 US HWY ONE STE 405 NORTH PALM BEACH. FL 33408

## Name and Address of Current Registered Agent:

SOLOMON, ANITA 1201 US HWY ONE STE 405 NORTH PALM BEACH, FL 33408 US

FILED Jan 17, 2017 Secretary of State CC2407873196

Certificate of Status Desired: No

Date

Date

01/17/2017

PRESIDENT