

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000296

Entity Name: BICE COLE LAW FIRM, P.L.**Current Principal Place of Business:**1333 S.E. 25TH LOOP
SUITE 101
OCALA, FL 34471**Current Mailing Address:**1333 S.E. 25TH LOOP
SUITE 101
OCALA, FL 34471 US**FEI Number:** 59-3615680**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLENNY, DAVID A
15316 NW 140TH STREET
ALACHUA, FL 32615 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
Name	COLE, SUSAN J
Address	999 PONCE DE LEON BLVD., SUITE 710
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	DAVIS, MARCIA
Address	15316 NW 140TH STREET
City-State-Zip:	ALACHUA FL 32617

Title	MGRM
Name	HAMER, KELLY G
Address	1333 S.E. 25TH LOOP SUITE 101
City-State-Zip:	OCALA FL 34471

Title	MGRM
Name	GLENNY, DAVID A
Address	15316 NW 140TH STREET
City-State-Zip:	ALACHUA FL 32615

Title	MGRM
Name	CHUNG-TIM, MELANIE ERICA
Address	999 PONCE DE LEON BLVD SUITE 710
City-State-Zip:	CORAL GABLES FL 33134

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: DAVID A. GLENNY**MEMBER****01/03/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date