

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015819

**Entity Name:** 640 PT, LLC

**Current Principal Place of Business:**

331 N. 14TH ST.  
QUINCY, FL 32351

**Current Mailing Address:**

331 N. 14TH ST.  
QUINCY, FL 32351

**FEI Number:** 59-3690058

**Certificate of Status Desired:** No

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

HINSON, WILSON  
331 N. 14TH ST.  
QUINCY, FL 32351 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           | MGR               | Title           | MGRM              |
| Name            | HINSON, E.W. JR   | Name            | HINSON, MARIAN M  |
| Address         | 331 NORTH 14TH ST | Address         | 331 NORTH 14TH ST |
| City-State-Zip: | QUINCY FL 32351   | City-State-Zip: | QUINCY FL 32351   |

*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:** E.W. HINSON JR

**MGR**

**04/23/2019**

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

\_\_\_\_\_  
Date