

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015981

**Entity Name:** SUMMIT ASSET PROTECTION GROUP, LLC

**Current Principal Place of Business:**

800 N. ORANGE AVE,  
SUITE 302  
ORLANDO, FL 32801

**Current Mailing Address:**

800 N. ORANGE AVE,  
SUITE 302  
ORLANDO, FL 32801 US

**FEI Number:** 59-3687107

**Certificate of Status Desired:** No

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

PRINT, JASON  
9045 STRADA STELL COURT  
SUITE 101  
NAPLES, FL 34109 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 PRINT, JASON  
Address 9045 STRADA STELL COURT  
SUITE 101  
City-State-Zip: NAPLES FL 34109

Title MGRM  
Name WARRICK, CHAD A.  
Address 800 N. ORANGE AVE,  
SUITE 302  
City-State-Zip: ORLANDO FL 32801

*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:** JASON PRINT

**MGRM**

**04/08/2019**

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

\_\_\_\_\_  
Date