

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000056224

**Entity Name:** EASYSRIPTS, LLC**Current Principal Place of Business:**C/O RON SCHUTZEN  
3250 MARY STREET #400  
COCONUT GROVE, FL 33133**Current Mailing Address:**C/O RON SCHUTZEN  
3250 MARY STREET #400  
COCONUT GROVE, FL 33133 US**FEI Number:** 30-0478573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE STREET  
PLANTATION, FL 33324 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:** RON SCHUTZEN

04/05/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO  
Name            SCHUTZEN, RON  
Address        3250 MARY STREET  
                  #400  
City-State-Zip: COCONUT GROVE FL 33133

Title            CFO  
Name            CHEVANCE, CLAUDE  
Address        3250 MARY STREET  
                  #400  
City-State-Zip: COCONUT GROVE FL 33133

Title            MANAGER  
Name            HIGHLAND ACQUISITION HOLDINGS,  
                  LLC  
Address        3250 MARY STREET  
                  #400  
City-State-Zip: COCONUT GROVE FL 33133

Title            SECRETARY  
Name            KIEFER, KATHLEEN S.  
Address        120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            TREASURER  
Name            SCHER, VINCENT E.  
Address        120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            ASST. TREASURER  
Name            NOBLE, ERIC K  
Address        120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

*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:** KATHLEEN S. KIEFER**SECRETARY**

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date