

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079233

Entity Name: TEAMVEST LLC

Current Principal Place of Business:

C/O OAK STREET FINANCIAL
1919 BLANDING BLVD SUITE 10
JACKSONVILLE, FL 32210

Current Mailing Address:

C/O OAK STREET FINANCIAL
1919 BLANDING BLVD SUITE 10
JACKSONVILLE, FL 32210 US

FEI Number: 20-1834872

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, DEBORAH
3945 ST JOHNS AVENUE
JACKSONVILLE, FL 32205 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 MEMB
Name SUNWEST TRUST INC CUST FBO
MARY QUINN- FEENEY
Address 4020 LA VISTA CIRCLE, UNIT 201
City-State-Zip: JACKSONVILLE FL 32217

Title MEMB
Name SUNWEST TRUST INC CUST FBO
JOHN FEENEY
Address 4020 LA VISTA CIRCLE, UNIT 201
City-State-Zip: JACKSONVILLE FL 32217

Title MEMB
Name PENSCO TRUST CO CUST FBO
RICHARD ELBRACHT
Address 1557 GREENRIDGE CIRCLE W.
City-State-Zip: JACKSONVILLE FL 32259

Title MGR
Name OAK STREET FINANCIAL
Address 1919 BLANDING BLVD.
SUITE 10
City-State-Zip: JACKSONVILLE FL 32210

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: A BORISS, OAK STREET FINANCIAL

MANAGER

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date