

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079768

**Entity Name:** BAR CODE EQUIPMENT SERVICE, LLC

**Current Principal Place of Business:**

131 10TH AVENUE N.  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

131 10TH AVENUE N  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number: 86-1120013**

**Certificate of Status Desired: Yes**

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

ROSE, BOBBY BSR.  
131 10TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 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           | MANAGER                     |
| Name            | ROSE, MAUDEANNA A           | Name            | ROSE, BOBBY B SR.           |
| Address         | 131 10TH AVENUE NORTH       | Address         | 131 10TH AVENUE N           |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 | City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

*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: MAUDEANNA ROSE**

**MANAGER**

**01/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date