

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117227

**Entity Name:** NMP SERVICES, LLC

**Current Principal Place of Business:**

6321 DANIELS PARKWAY, SUITE 200  
FORT MYERS, FL 33912

**Current Mailing Address:**

6321 DANIELS PKWY  
STE 200  
FORT MYERS, FL 33912 US

**FEI Number:** 20-3901778

**Certificate of Status Desired:** No

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

FOX, BRIAN M  
6321 DANIELS PKWY  
STE 200  
FORT MYERS, FL 33912 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	PRES	Title	VP
Name	FOX, BRIAN M	Name	LUTZ, NORMAN
Address	6321 DANIELS PKWY SUITE 200	Address	6321 DANIELS PKWY SUITE 200
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912

*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:** BRIAN M FOX

**PRES**

**02/27/2019**

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

\_\_\_\_\_  
Date