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: NATHAN KILTON

Electronic Signature of Signing Authorized Person(s) Detail

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L05000123299

Entity Name: SEDITA, KILTON & COMPANY, CERTIFIED PUBLIC ACCOUNTANTS, P.L.

#### Current Principal Place of Business:

104 NORTH EVERS STREET, SUITE 202 PLANT CITY, FL 33563

# **Current Mailing Address:**

104 NORTH EVERS STREET, SUITE 202 PLANT CITY, FL 33563

# FEI Number: 20-4055943

### Name and Address of Current Registered Agent:

KILTON, NATHAN A 104 NORTH EVERS STREET, SUITE 202 PLANT CITY, FL 33563 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: NATHAN A. KILTON

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title MGRM Name KILTON, NATHAN A Address 802 N. COLLINS STREET City-State-Zip: PLANT CITY FL 33563

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

01/27/2020

01/27/2020 Date

FILED Jan 27, 2020 Secretary of State 9732213986CC

Certificate of Status Desired: No

MANAGER

Date