# 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.

MANAGER

SIGNATURE: MARVENA JONES

Electronic Signature of Signing Authorized Person(s) Detail

# SIGNATURE: JAMES A. NOLAN

## Authorized Person(s) Detail :

Title MGR JONES. MARVENA Name Address P. O. BOX 441842

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037080

Entity Name: LIKE FAMILY REAL ESTATE SOLUTIONS, LLC

## **Current Principal Place of Business:**

2579 WATERMILL DRIVE ORANGE PARK. FL 32073

#### **Current Mailing Address:**

P. O. BOX 441842 JACKSONVILLE, FL 32222 US

# FEI Number: 20-5171463

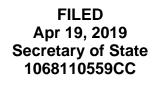
## Name and Address of Current Registered Agent:

NOLAN, JAMES A. ESQUIRE **50 NORTH LAURA STREET SUITE 1100** JACKSONVILLE, FL 32202 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.

# Electronic Signature of Registered Agent

City-State-Zip: JACKSONVILLE FL 32222



Certificate of Status Desired: No

04/19/2019 Date

04/19/2019 Date