## 2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000093326

Entity Name: RELIANCE PROJECT MANAGEMENT, LLC

FILED Apr 05, 2016 Secretary of State CC7745943868

**Current Principal Place of Business:** 

21239 BERKSHIRE AVENUE PORT CHARLOTTE. FL 33954

## **Current Mailing Address:**

21239 BERKSHIRE AVENUE PORT CHARLOTTE, FL 33954 US

FEI Number: 20-5599898 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MEAKINS, TIMOTHY 21239 BERKSHIRE AVENUE PORT CHARLOTTE, FL 33954 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: TIMOTHY MEAKINS 04/05/2016

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MANAGER

Name TIMOTHY MEAKINS

Address 21239 BERKSHIRE AVENUE
City-State-Zip: PORT CHARLOTTE FL 33954

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: TIMOTHY MEAKINS

**MANAGER** 

04/05/2016