

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043238

**Entity Name:** SOUTH POINTE SERVICES, LLC

**Current Principal Place of Business:**

1444 BLOOMINGDALE AVE  
VALRICO, FL 33596

**Current Mailing Address:**

1444 BLOOMINGDALE AVE  
VALRICO, FL 33596 US

**FEI Number:** 33-1162619

**Certificate of Status Desired:** No

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

CRUSEY, CHRISTOPHER W  
1444 BLOOMINGDALE AVE  
VALRICO, FL 33596 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  
Name            CRUSEY, CHRISTOPHER W  
Address        1444 BLOOMINGDALE AVE  
City-State-Zip: VALRICO FL 33596

Title            AMBR  
Name            SMOLEN, MICHAEL  
Address        1444 BLOOMINGDALE AVE  
City-State-Zip: VALRICO FL 33596

*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:** CHRISTOPHER W CRUSEY

**PRESIDENT**

**04/19/2021**

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

\_\_\_\_\_  
Date