

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090946

Entity Name: JEFFREY S. KOSTER, P.L.

Current Principal Place of Business:

19256 FISHERMANS BEND DR.
LUTZ, FL 33558

Current Mailing Address:

18960 N. DALE MABRY HWY
SUITE 101
LUTZ, FL 33548 US

FEI Number: 83-0493499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOSTER, JEFFREY S
19256 FISHERMANS BEND DR
LUTZ, FL 33558 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 MGR
Name KOSTER, JEFFREY S
Address 19256 FISHERMANS BEND DR.
City-State-Zip: LUTZ FL 33558

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: JEFFREY S. KOSTER

MGR

05/01/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date