# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000022316

Entity Name: ROBERT AKINS CONSULTANT LLC

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

5214 18TH AVE S GULFPORT, FL 33707

# **Current Mailing Address:**

5214 18TH AVE S GULFPORT, FL 33707 US

# FEI Number: 36-4689606

## Name and Address of Current Registered Agent:

AKINS , ROBERT 5214 18TH AVE S GULFPORT, FL 33707 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: ROBERT AKINS

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	MGRM
Name	AKINS, ROBERT A
Address	5214 18TH AVE S
City-State-Zip:	GULFPORT FL 33707

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: ROBERT AKINS

OWNER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 11, 2019 Secretary of State 8558959897CC

Certificate of Status Desired: Yes

02/11/2019 Date

Date