

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000039011

Entity Name: COFIXN LLC

Current Principal Place of Business:

15644 157TH POINT
LIVE OAK, FL 32060

Current Mailing Address:

15644 157TH POINT
LIVE OAK, FL 32060 US

FEI Number: 45-1360186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLYARD, NORMA L
15644 157TH POINT
LIVE OAK, FL 32060 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 MGRM, PRESIDENT, COO, CFO, CEO
Name BOLYARD, NORMA L
Address 15644 157TH POINT
City-State-Zip: LIVE OAK FL 32060

Title MANAGER
Name BOLYARD, JOSEPH
Address 15644 157TH POINT
City-State-Zip: LIVE OAK FL 32060

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: NORMA BOLYARD

CEO

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date