## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000103193

Entity Name: SEVIN SOLUTIONS, LLC

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

1645 SUN CITY CENTER PLAZA 5291

WIMAUMA, FL 33571

**Current Mailing Address:** 

1645 SUN CITY CENTER PLZ 5291

SUN CITY CENTER, FL 33571

FEI Number: 46-0764027 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMOND, KEVIN R 1645 SUN CITY CENTER PLZ 5291 SUN CITY CENTER, FL 33571 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

**FILED** Apr 03, 2019

**Secretary of State** 

7506965589CC

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

HAMMOND, KEVIN R Name Name MITCHELL, TINIKA

1645 SUN CITY CENTER PLZ UNIT 1645 SUN CITY CENTER PLAZA Address Address 5291

City-State-Zip: SUN CITY FL 33571 City-State-Zip: WIMAUMA FL 33571

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