

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000154921

Entity Name: FAIL SAFE ACCOUNTING LLC

Current Principal Place of Business:

20 S ROSE AVE
SUITE 4
KISSIMMEE, FL 34741

Current Mailing Address:

20 S. ROSE AVE
SUITE 4
KISSIMMEE, FL 34741 US

FEI Number: 46-1549004

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIL SAFE INSURANCE LLC
20 S ROSE AVE
SUITE 4
KISSIMMEE, FL 34743 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: FARAH CRUZ

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name RAMOS, DAVID
Address 20 S ROSE AVE
SUITE 4
City-State-Zip: KISSIMMEE FL 34741

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: DAVID RAMOS

MANAGER

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date