

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000920

**Entity Name:** BERNARD PACKO PLLC

**Current Principal Place of Business:**

5289 CEDAR ROAD  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

5289 CEDAR ROAD  
ST. AUGUSTINE, FL 32080

**FEI Number:** 46-1680034

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PACKO, ROBIN  
5289 CEDAR ROAD  
ST. AUGUSTINE, FL 32080 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 PACKO, BERNIE M  
Address 5289 CEDAR ROAD  
City-State-Zip: ST. AUGUSTINE FL 32080

Title MGR  
Name PACKO, ROBIN  
Address 5289 CEDAR ROAD  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** ROBIN PACKO

V.P.

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date