

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000150597

**Entity Name:** LISA YORK, ATTORNEY AND COUNSELOR AT LAW P.L.

**Current Principal Place of Business:**

7090 MARIE AVE.  
PENSACOLA, FL 32504

**Current Mailing Address:**

7090 MARIE AVE.  
PENSACOLA, FL 32504

**FEI Number: 46-3947140**

**Certificate of Status Desired: Yes**

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

YORK, LISA  
7090 MARIE AVE.  
PENSACOLA, FL 32504 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            AUTHORIZED MEMBER  
Name            YORK, LISA KA ESQ.  
Address        7090 MARIE AVE.  
City-State-Zip: PENSACOLA FL 32504

*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: LISA YORK**

**AUTHORIZED MEMBER**

**02/09/2017**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date