

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163297

**Entity Name:** S-ONE SERVICES, LLC

**Current Principal Place of Business:**

1605 MAIN STREET  
SUITE 300  
SARASOTA, FL 34236

**FILED**  
**Mar 09, 2022**  
**Secretary of State**  
**4542088280CC**

**Current Mailing Address:**

1605 MAIN STREET  
SUITE 300  
SARASOTA, FL 34236 US

**FEI Number:** 37-1744700

**Certificate of Status Desired:** Yes

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

MASCIO, GINA L  
1605 MAIN STREET  
SUITE 300  
SARASOTA, FL 34236 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           PRESIDENT/CHIEF EXECUTIVE  
                  OFFICER  
Name           SIMKINS, RONALD T  
Address        1605 MAIN STREET  
                  SUITE 300  
City-State-Zip: SARASOTA FL 34236

Title           SECRETARY  
Name           LAMBERT, ARTHUR D  
Address        1605 MAIN STREET  
                  SUITE 300  
City-State-Zip: SARASOTA FL 34236

Title           COO  
Name           METNICK, JASON  
Address        1605 MAIN STREET  
                  SUITE 300  
City-State-Zip: SARASOTA FL 34236

Title           CFO  
Name           MASCIO, GINA  
Address        1605 MAIN STREET  
                  SUITE 300  
City-State-Zip: SARASOTA FL 34236

Title           CHIEF REVENUE OFFICER  
Name           LEHMAN, JUSTIN  
Address        1605 MAIN STREET  
                  SUITE 300  
City-State-Zip: SARASOTA FL 34236

Title           CHIEF MARKETING OFFICER  
Name           BELZER, TERRY LYNN  
Address        1605 MAIN STREET  
                  SUITE 300  
City-State-Zip: SARASOTA FL 34236

*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:** GINA L MASCIO

**CFO**

**03/09/2022**

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

\_\_\_\_\_  
Date