# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000163297

Entity Name: S-ONE SERVICES, LLC

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

1605 MAIN STREET 5TH FLOOR SARASOTA, FL 34236

### **Current Mailing Address:**

1605 MAIN STREET, SUITE 503 SARASOTA, FL 34236 US

### FEI Number: 37-1744700

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

MASCIO, GINA L 1605 MAIN STREET, SUITE 503 SARASOTA, FL 34236 US FILED Mar 30, 2021 Secretary of State 4373027444CC

Certificate of Status Desired: Yes

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

# Authorized Person(s) Detail :

Authorized Ferson(S) Detail.				
	Title	CHAIRMAN	Title	SECRETARY
	Name	SIMKINS, RONALD T	Name	LAMBERT, ARTHUR D
	Address	1605 MAIN STREET, SUITE 400	Address	1605 MAIN STREET, SUITE 503
	City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236
	Title	VP	Title	VP
	Name	METNICK, JASON	Name	MASCIO, GINA
	Address	1605 MAIN STREET, SUITE 503	Address	1605 MAIN STREET, SUITE 503
	City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236
	Title	VP	Title	VP
	Name	LEHMAN, JUSTIN	Name	BELZER, TERRY LYNN
	Address	1605 MAIN STREET, SUITE 503	Address	1605 MAIN STREET, SUITE 503
	City-State-Zip:	SARASOTA FL 34236	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 MASCIO

VP

Date

Electronic Signature of Signing Authorized Person(s) Detail