

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000177190

Entity Name: HEMMER POLI, LLC

Current Principal Place of Business:

1604 - E. JACKSON ST
PENSACOLA, FL 32501

Current Mailing Address:

C/O EXECUTIVE CENTER SUITES
9800 - 4TH ST N, STE 200
ST. PETERSBURG, FL 33702 US

FEI Number: 47-3820175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRIE, SCOTT ESQ.
28471 U.S. HIGHWAY 19 NORTH
SUITE 505
CLEARWATER, FL 33761 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	MGRM
Name	HEMMER CONSULTING, LLC
Address	1604 - E. JACKSON ST
City-State-Zip:	PENSACOLA FL 32501
Title	AUTHORIZED MEMBER
Name	CAPPELLI, ANGELO
Address	C/O EXECUTIVE CENTER SUITES 9800 - 4TH ST N, STE 200
City-State-Zip:	ST. PETERSBURG FL 33702

Title	MGRM
Name	POLI SOLUTIONS CONSULTING, LLC
Address	C/O EXECUTIVE CENTER SUITES 9800 - 4TH ST N, STE 200
City-State-Zip:	ST. PETERSBURG FL 33702
Title	AUTHORIZED MEMBER
Name	HEMMER, FRED
Address	1604 - E. JACKSON ST
City-State-Zip:	PENSACOLA FL 32501

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: ANGELO CAPPELLI

MEMBER

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date