

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000012090

**Entity Name:** ELECTRONIC RESOURCE MANAGEMENT, LLC

**Current Principal Place of Business:**

3109 W DR MLK JR BLVD  
SUITE 121  
TAMPA, FL 33607

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC8949741750**

**Current Mailing Address:**

3109 W DR MLK JR BLVD STE 121  
TAMPA, FL 33607

**FEI Number: 46-4985473**

**Certificate of Status Desired: Yes**

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

CLIFFORD, HOLLY  
3109 W DR MLK JR BLVD STE 121  
TAMPA, FL 33607 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 HEIDERMAN, LAURA  
Address 3109 W DR MLK JR BLVD STE 121  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name CLIFFORD, ALLEN  
Address 3109 W DR MLK JR BLVD STE 121  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name CLIFFORD, LAUREN HOLLY  
Address 3109 W DR MLK JR BLVD STE 121  
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER  
Name POSNER, GARY P  
Address 3109 W DR. MLK JR. BLVD.  
SUITE 121  
City-State-Zip: TAMPA FL 33607

*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: CLIFFORD , LAUREN HOLLY**

**CEO**

**04/12/2018**

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

\_\_\_\_\_  
Date