# that my name appears above, or on an attachment with all other like empowered. 01/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JOANN M RALPH

AUTHORIZED REPRESENTATIVE

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195060

Entity Name: POLSCOT PROPERTIES LLC

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

19411 CYPRESS VIEW DR FORT MYERS. FL 33967

# **Current Mailing Address:**

19411 CYPRESS VIEW DR FORT MYERS. FL 33967 US

# FEI Number: 47-2624587

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

RALPH, JOANN M 19411 CYPRESS VIEW DR FORT MYERS, FL 33967 US

Jan 16, 2019 Secretary of State 8718576667CC

Date

Certificate of Status Desired: No

FILED

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 :

Title	MGR	Title	AR
Name	BURKE, JOSEPH T	Name	RALPH, JOANN M
Address	19411 CYPRESS VIEW DR	Address	19411 CYPRESS VIEW DR
City-State-Zip:	FORT MYERS FL 33967	City-State-Zip:	FORT MYERS FL 33967

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

Date