that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS F HUMANN III

Electronic Signature of Signing Authorized Person(s) Detail

1330 NOTTINGHAM DRIVE NAPLES. FL 34109-1664

Current Mailing Address:

P.O. BOX 111657 NAPLES, FL 34108 US

FEI Number: 47-4016498

Name and Address of Current Registered Agent:

HUMANN, ELIZABETH M 2671 AIRPORT ROAD SOUTH SUITE 104 NAPLES, FL 34112 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: ELIZABETH M. HUMANN

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

AMBR, PRESIDENT Title HUMANN. THOMAS F III Name Address 1330 NOTTINGHAM DRIVE City-State-Zip: NAPLES FL 34109-1664

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

PRESIDENT

Certificate of Status Desired: No

01/31/2018

Date



2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000080583

Entity Name: FLORIDA CONFIDENTIAL INVESTIGATIONS, LLC

Current Principal Place of Business:

01/31/2018

Date