### 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: THOMAS F HUMANN, III Electronic Signature of Signing Authorized Person(s) Detail

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000080583

Entity Name: FLORIDA CONFIDENTIAL INVESTIGATIONS, LLC

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

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 2681 AIRPORT ROAD SOUTH SUITE C-103 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

PRESIDENT

# 03/24/2020

Date

## FILED Mar 24, 2020 Secretary of State 5490929513CC

Certificate of Status Desired: No

03/24/2020 Date