#### 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: THOMAS F. HUMANN III

Electronic Signature of Signing Authorized Person(s) Detail

# 2017 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 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

Certificate of Status Desired: No

Jan 05, 2017 Secretary of State CC8382183441

> 01/05/2017 Date

FILED

01/05/2017 PRESIDENT

Date