

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000144100

**Entity Name:** TOWN SERVICES OF FL, LLC

**Current Principal Place of Business:**

10169 N US HWY 129  
BRANFORD, FL 32008

**Current Mailing Address:**

10169 N US HWY 129  
BRANFORD, FL 32008

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GARCIA, EMMA M  
10169 N US HWY 129  
BRANFORD, FL 32008 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           MANAGER, AUTHORIZED MEMBER  
Name           GARCIA, EMMA M  
Address        10169 N US HWY 129  
City-State-Zip: BRANFORD FL 32008

*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:** EMMA M GARCIA

MGR, AMBR

03/16/2017

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

\_\_\_\_\_  
Date