# SIGNATURE: HEATHER VAN IWARDEN

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

Electronic Signature of Signing Authorized Person(s) Detail

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

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000014758

Entity Name: THE ELEVATOR AND STAIRLIFT STORE LLC

**Current Principal Place of Business:** 

2544 ROBERT TRENT JONES DR 820 ORLANDO, FL 32835

## **Current Mailing Address:**

2544 ROBERT TRENT JONES DR 820 ORLANDO, FL 32835

## FEI Number: 81-1224009

### Name and Address of Current Registered Agent:

VAN IWARDEN, HEATHER 2544 ROBERT TRENT JONES DR 820 ORLANDO, FL 32835 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

#### Authorized Person(s) Detail :

TitleMGRMNameVAN IWARDEN, HEATHERAddress2544 ROBERT TRENT JONES DR

City-State-Zip: ORLANDO FL 32835

Apr 26, 2017 Secretary of State CC5260138017

FILED

Certificate of Status Desired: No

Date

04/26/2017

MANAGING MEMBER

Date