

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000076463

Entity Name: LIPARI FAMILY MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

4155 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

Current Mailing Address:

4155 LAKESIDE DRIVE
JACKSONVILLE, FL 32210 US

FEI Number: 81-2348166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
113 NATURE WALK PARKWAY
SUITE 103
ST. AUGUSTINE, FL 32092 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	MGR	Title	MGR
Name	LIPARI, CHRISTOPHER	Name	LIPARI, GRACE ANN
Address	4155 LAKESIDE DRIVE	Address	4155 LAKESIDE DRIVE
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

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: CHRISTOPHER W. LIPARI

MANAGER

02/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date