_A, FL 3448				
bove named e	entity submits this statement for the purpose of changing its registe	ered office or regist	ered agent, or both, in the State of Flor	rida.
NATURE:	AMY BAWELL			04/30/2
	Electronic Signature of Registered Agent			Dat
norized P	erson(s) Detail :			
	AMBR	Title	AMBR	
е	BAWELL, AMY	Name	WERNETH, KEVIN S	

5338 NW 64TH ST OCALA, FL 34482

## **Current Mailing Address:**

DOCUMENT# L16000141108

Entity Name: THE MIDAS TOUCH LLC

**Current Principal Place of Business:** 

5338 NW 64TH ST OCALA. FL 34482 US

## FEI Number: 81-4028268

## Name and Address of Current Registered Agent:

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

BAWELL, AMY LYNN 5338 NW 64TH ST OCALA

SIGNATURE	: AMY BAWELL			04/30/2019	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	AMBR		
Name	BAWELL, AMY	Name	WERNETH, KEVIN S		
Address	5338 NW 64TH ST	Address	5338 NW 64TH ST		
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482		

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: AMY LYNN BAWELL

AMY LYNN BAWELL

04/30/2019

## FILED Apr 30, 2019 Secretary of State 1152971169CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail