## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000206678

**Entity Name: PENELOPE SOLUTIONS LLC** 

**Current Principal Place of Business:** 

112 WILSON AVENUE PANAMA CITY, FL 32401

**Current Mailing Address:** 

112 WILSON AVENUE PANAMA CITY, FL 32401 US

FEI Number: 81-4718199 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEFFIELD, LUCIENE 112 WILSON AVENUE PANAMA CITY, FL 32401 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: LUCIENE SHEFFIELD 01/30/2020

Electronic Signature of Registered Agent

Date

**FILED** Jan 30, 2020

**Secretary of State** 

9744701078CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name SHEFFIELD, LUCIENE Address 112 WILSON AVENUE City-State-Zip: PANAMA CITY FL 32401

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: LUCIENE SHEFFIELD

Electronic Signature of Signing Authorized Person(s) Detail

**MEMBER** 

01/30/2020

Date