

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000217333

Entity Name: PHLEBOTEK MOBILE SOLUTIONS LLC

Current Principal Place of Business:

3841 N ANDREWS AVE
OAKLAND PARK, FL 33309

Current Mailing Address:

PO BOX 24198
FT. LAUDERDALE, FL 33307 US

FEI Number: 81-4551517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHLEBOTEK SOLUTIONS CORPORATION
3843 N ANDREWS AVE
OAKLAND PARK, FL 33309 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
Name PHLEBOTEK SOLUTIONS CORPORATION
Address 3843 N ANDREWS AVE
City-State-Zip: OAKLAND PARK 33309

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: KYLE LIVINGSTON

CFO

03/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date