# 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: JENNIFER CORBETT

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

3710 15TH AVE SW NAPLES. FL 34117

#### **Current Mailing Address:**

DOCUMENT# L16000218173

3710 15TH AVENUE SW NAPLES. FL 34117 US

#### FEI Number: 81-4587490

#### Name and Address of Current Registered Agent:

CORBETT, JENNIFER 3710 15TH AVENUE SW NAPLES, FL 34117 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:	JENNIFER CORBETT			05/07/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	FOWLER, KAREN	Name	CORBETT, JENNIFER	
Address	1818 HOLLINS AVENUE	Address	3710 15TH AVENUE SW	
City-State-Zip:	HELENA MT 59601	City-State-Zip:	NAPLES FL 34117	

05/07/2018

Date

MANAGING MEMBER

## FILED May 07, 2018 Secretary of State CC0164132457

Certificate of Status Desired: No