

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000032204

**Entity Name:** ROBERT R. REYNOLDS & ASSOCIATES, LLC.

**Current Principal Place of Business:**

906 BLACKWOOD AVE.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O.BOX 4369  
TALLAHASSEE, FL 32315-4369 US

**FEI Number:** 03-0603259

**Certificate of Status Desired:** Yes

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

REYNOLDS, ROBERT  
906 BLACKWOOD AVE.  
TALLAHASSEE, FL 32303 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 REYNOLDS, ROBERT R  
Address 906 BLACKWOOD AVE.  
City-State-Zip: TALLAHASSEE FL 32303

*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:** ROBERT REYNOLDS

**OWNER**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date