## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000082519

**Entity Name: LIENSIMPLE LLC** 

**FILED** Feb 08, 2019 **Secretary of State** 5400030292CC

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

1700 WELLS ROAD SUITE 5

ORANGE PARK, FL 32073

## **Current Mailing Address:**

1700 WELLS ROAD SUITE 5 ORANGE PARK, FL 32073

FEI Number: 82-1232639 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SANTORO, THOMAS C 1700 WELLS ROAD SUITE 5 ORANGE, FL 32073 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name LARSEN, TRINA Name SANTORO, THOMAS

1700 WELLS ROAD SUITE 5 1700 WELLS ROAD SUITE 5 Address Address City-State-Zip: ORANGE PARK FL 32073 ORANGE PARK FL 32073 City-State-Zip:

Title MGR Title MGR

Name GATES, CECILY ROUSE, ANNETTE Name

Address 1700 WELLS ROAD SUITE 5 Address 1700 WELLS ROAD SUITE 5 City-State-Zip: ORANGE PARK FL 32073 ORANGE PARK FL 32073 City-State-Zip:

Title MGR

Name SWEAT, ANN

Address 1700 WELLS ROAD SUITE 5 City-State-Zip: ORANGE PARK FL 32073

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: ANNETTE ROUSE

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

02/08/2019 Date