

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000127839

Entity Name: HYBRID RELOCATION SERVICES, LLC

Current Principal Place of Business:

18049 CONNOLLY AVE.
PORT CHARLOTTE, FL 33948

Current Mailing Address:

18049 CONNOLLY AVE.
PORT CHARLOTTE, FL 33948 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, GAIL
18049 CONNOLLY AVENUE
PORT CHARLOTTE, FL 33948 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 AMBR
Name BROWN, GAIL
Address 18049 CONNOLLY AVE.
City-State-Zip: PORT CHARLOTTE FL 33948

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: GAIL BROWN

OWNER

03/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date