

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000164175

**Entity Name:** PENICK FINANCIAL LLC

**Current Principal Place of Business:**

8917 SPRING HARVEST LANE WEST  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8917 SPRING HARVEST LANE WEST  
JACKSONVILLE, FL 32244 US

**FEI Number:** 82-2357510

**Certificate of Status Desired:** Yes

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

PENICK, ALBERT F  
8917 SPRING HARVEST LANE WEST  
JACKSONVILLE, FL 32244 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            PENICK, ALBERT F  
Address        8917 SPRING HARVEST LANE WEST  
City-State-Zip: JACKSONVILLE FL 32244

*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:** ALBERT PENICK

**SOLE OWNER**

**04/04/2019**

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

\_\_\_\_\_  
Date