

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000221604

**Entity Name:** HEIGHTS FINANCE, LLC

**Current Principal Place of Business:**

6110 N FLORIDA AVE  
TAMPA, FL 33604

**Current Mailing Address:**

6110 N FLORIDA AVE  
TAMPA, FL 33604 US

**FEI Number: 82-3420406**

**Certificate of Status Desired: No**

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

BARNETT, LESLIE J  
601 BAYSHORE BLVD  
STE 700  
TAMPA, FL 33606 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           MANAGER  
Name            JONES, MIRANDA  
Address         6110 NORTH FLORIDA AVENUE  
City-State-Zip: TAMPA FL 33604

Title            PRESIDENT  
Name            JONES, MIRANDA  
Address         6110 NORTH FLORIDA AVENUE  
City-State-Zip: TAMPA FL 33604

Title            VP  
Name            FERNANDEZ, MICHAEL  
Address         6110 NORTH FLORIDA AVENUE  
City-State-Zip: TAMPA FL 33604

Title            SECRETARY AND TREASURER  
Name            KERNON, KIM  
Address         6110 NORTH FLORIDA AVENUE  
City-State-Zip: TAMPA FL 33604

*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: MIRANDA JONES**

**MANAGER**

**01/19/2019**

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

\_\_\_\_\_  
Date