

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000005577

**Entity Name:** CLOVER LAW, LLC

**Current Principal Place of Business:**

1625 SOUTH WASHINGTON AVENUE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

PO BOX 5305  
TITUSVILLE, FL 32783

**FEI Number:** 82-3993207

**Certificate of Status Desired:** No

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

MULCHI, RON ESQ  
1101 NORTH LAKE DESTINY RD, SUITE 350  
MAITLAND, FL 32751 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 CLOVER, LILLIAN  
Address PO BOX 5305  
City-State-Zip: TITUSVILLE FL 32783

*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:** LILLIAN CLOVER

AMBR

09/20/2019

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

\_\_\_\_\_  
Date