

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000006365

Entity Name: INLET DISABILITY CONSULTANTS, LLC

Current Principal Place of Business:

4746 RIVERGLEN BLVD
PONCE INLET, FL 32127

Current Mailing Address:

4746 RIVERGLEN BLVD
PONCE INLET, FL 32127 US

FEI Number: 82-4032024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JARIZ, CHERYL
4746 RIVERGLEN BLVD
PONCE INLET, FL 32127 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 JARIZ, MARC
Address 4746 RIVERGLEN BLVD
City-State-Zip: PONCE INLET FL 32127

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: MARC JARIZ

VP

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date