

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000038138

**Entity Name:** THE FORDE FIRM, LLC

**Current Principal Place of Business:**

5150 BELFORT RD,  
BLDG 300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5150 BELFORT RD,  
BLDG 300  
JACKSONVILLE, FL 32256 US

**FEI Number:** 82-4388106

**Certificate of Status Desired:** No

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

FORDE, LINDA R  
1315 SPARKLEBERRY CT  
ST JOHNS, FL 32259 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           MANAGING MEMBER

Title           MGR

Name           FORDE, LINDA R

Name           THE FORDE FIRM, LLC

Address       1315 SPARKLEBERRY CT

Address       1315 SPARKLEBERRY CT

City-State-Zip: ST JOHNS FL 32259

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*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:** LINDA FORDE

**MANAGING MEMBER**

**02/08/2019**

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

\_\_\_\_\_  
Date