

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000046769

Entity Name: 5617 FARGO DR N LLC

Current Principal Place of Business:

3245 BARKLEY RD
JACKSONVILLE, FL 32246

Current Mailing Address:

3245 BARKLEY RD
JACKSONVILLE, FL 32246 US

FEI Number: 82-4579949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEXGEN ACCOUNTANTS LLC
3505 SOUTHSIDE BLVD STE 7
JACKSONVILLE, FL 32216 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 MUNOZ MENDOZA, SANTOS E
Address 3245 BARKLEY RD
City-State-Zip: JACKSONVILLE FL 32246

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: SANTOS E MUNOZ MENDOZA

AMBR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date