#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000076614

Entity Name: PUMPERS, LLC

Mar 11, 2019 Secretary of State 7353642435CC

**FILED** 

# **Current Principal Place of Business:**

721 CONCH SHELL WAY PLANTATION, FL 33324

### **Current Mailing Address:**

721 CONCH SHELL WAY PLANTATION, FL 33324

FEI Number: APPLIED FOR Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LEWIS, DOMINIC 721 CONCH SHELL WAY PLANTATION, FL 33324 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.

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

DIRECTOR

DIRECTOR

HILAIRE, SHELDON

721 CONCH SHELL WAY

PLANTATION FL 33324

JOHNSON, SHELDON

721 CONCH SHELL WAY

PLANTATION FL 33324

SIGNATURE:

Name

Address

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title DIRECTOR

EVALLE DOMINIO

LEWIS, DOMINIC

721 CONCH SHELL WAY

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name ALLARD, WADE

Address 721 CONCH SHELL WAY

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name CAMERON, STEPHEN
Address 721 CONCH SHELL WAY

City-State-Zip: PLANTATION FL 33324

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: WADE ALLARD

Electronic Signature of Signing Authorized Person(s) Detail

**DIRECTOR** 

03/11/2019

Date