

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000118445

Entity Name: POST OFFICE SQUARE FRANCHISE GROUP, LLC

Current Principal Place of Business:

690 MAIN ST
SAFETY HARBOR, FL 34695

Current Mailing Address:

690 MAIN ST
SAFETY HARBOR, FL 34695 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARISTINOS, GLEN S
690 MAIN ST
SAFETY HARBOR, FL 34695 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 MGRM
Name CARISTINOS, GLEN S
Address 690 MAIN ST
City-State-Zip: SAFETY HARBOR FL 34695

Title AUTHORIZED MEMBER
Name ROTH, STACY
Address 690 MAIN ST
City-State-Zip: SAFETY HARBOR FL 34695

Title AUTHORIZED MEMBER
Name DULIN, BOBBY JO
Address 690 MAIN ST
City-State-Zip: SAFETY HARBOR FL 34695

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: STACY ROTH

PARTNER

04/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date