

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000184778

**Entity Name:** PAQUIP LLC

**Current Principal Place of Business:**

14404 BAY OAKS LANE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

14404 BAY OAKS LANE  
JACKSONVILLE, FL 32223 US

**FEI Number:** 83-1426468

**Certificate of Status Desired:** No

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

SANDLER, ADAM  
14404 BAY OAKS LANE  
JACKSONVILLE, FL 32223 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	MGR	Title	MGR
Name	SANDLER, ADAM	Name	SANDLER, FALLON
Address	14404 BAY OAKS LANE	Address	14404 BAY OAKS LANE
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223

*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:** ADAM SANDLER

**MANAGING MEMBER**

**01/17/2020**

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

\_\_\_\_\_  
Date