

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000266037

**Entity Name:** SERVISUPPLY 719 LLC

**Current Principal Place of Business:**

4753 WALDEN CIR  
APT N  
ORLANDO, FL 32811

**Current Mailing Address:**

4753 WALDEN CIR  
APT N  
ORLANDO, FL 32811 ES

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ROMAN, JANINA D SRA.  
4753 WALDEN CIR  
APT N  
ORLANDO, FL 32811 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	AMBR
Name	ROMAN, JANINA D SRA.	Name	CHACON, YOLJAN J SR.
Address	4753 WALDEN CIR	Address	4753 WALDEN CIR
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

*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:** JANINA ROMAN

SR

04/01/2019

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

\_\_\_\_\_  
Date