

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000277695

**Entity Name:** LOGICREDITREPAIR LLC

**Current Principal Place of Business:**

4992 N PINE ISLAND ROAD  
2ND FLOOR  
SUNRISE, FL 33351

**Current Mailing Address:**

4992 N PINE ISLAND ROAD  
2ND FLOOR  
SUNRISE, FL 33351 US

**FEI Number:** 83-2733120

**Certificate of Status Desired:** No

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

DELVA, ASHLIE  
4992 N PINE ISLAND ROAD  
2ND FLOOR  
SUNRISE, FL 33351 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 DELVA, ASHLIE  
Address 4992 N PINE ISLAND ROAD  
2ND FLOOR  
City-State-Zip: SUNRSIE FL 33351

*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:** ASHLIE DELVA

AMBR

04/27/2019

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

\_\_\_\_\_  
Date