## **2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000099296

Entity Name: FULGENT LLC

**Current Principal Place of Business:** 

5220 HARBORSIDE DR TAMPA, FL 33615

**Current Mailing Address:** 

5220 HARBORSIDE DR TAMPA FL 33615 US

FEI Number: 85-2032619 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WATSON, KIERRA D 5220 HARBORSIDE DR TAMPA, FL 33615 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: KIERRA WATSON 05/28/2021

Electronic Signature of Registered Agent

Date

**FILED** May 28, 2021

**Secretary of State** 

9201607438CR

## Authorized Person(s) Detail:

Title MGR

Name WATSON, KIERRA D Address 5220 HARBORSIDE DR City-State-Zip: TAMPA FL 33615

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.

05/28/2021 SIGNATURE: KIERRA WATSON **MANAGER**