

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000292867

Entity Name: LLMAKA19 LLC

Current Principal Place of Business:

510 COX ROAD
ORLANDO, FL 32833

Current Mailing Address:

510 COX ROAD
SUITE 730
ORLANDO, FL 32833 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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
Name POLI, MARGARET ` L
Address 510 COX ROAD
City-State-Zip: ORLANDO FL 32833

Title AMBR
Name POLI, LANCE S
Address 528 COX ROAD
City-State-Zip: ORLANDO FL 32833

Title AMBR
Name POLI, MELVIN L
Address 401 TAYLORVILLE STREET
City-State-Zip: DELTONA FL 32725

Title AMBR
Name MURAT, ANGELA D
Address 2207 LEXFORD LANE
City-State-Zip: HOUSTON TX 77080

Title AMBR
Name COX, KRISTI R
Address 1015 ORIOLE CIRCLE
City-State-Zip: SEBASTIAN FL 32976

Title AMBR
Name COX, ABBY J
Address 3635 CHEVELLE DRIVE
City-State-Zip: WEST MELBOURNE FL 32904

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: POLI , MARGARET ` L

MGR

02/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date