

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000493405

**Entity Name:** FL UCC STATEMENT SERVICE LLC

**Current Principal Place of Business:**

412 E MADISON ST  
SUITE 817  
TAMPA, FL 33602

**Current Mailing Address:**

412 E MADISON ST  
SUITE 817  
TAMPA, FL 33602 US

**FEI Number:** 87-3639340

**Certificate of Status Desired:** No

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

CAPOBIANCO, BRIAN  
7911 FOXCATCHER COURT  
ODESSA, FL 33556 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 MGRM  
Name CAPOBIANCO, BRIAN  
Address 7911 FOXCATCHER COURT  
City-State-Zip: ODESSA FL 33556

*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:** BRIAN CAPOBIANCO

MGRM

03/15/2024

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

\_\_\_\_\_  
Date