#### Electronic Signature of Signing Officer/Director Detail

### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000075333

Entity Name: LL CORPUS COGERE, INC.

#### **Current Principal Place of Business:**

1 NORTH OCEAN BLVD. SUITE 708 POMPANO BEACH, FL 33062

### **Current Mailing Address:**

1 NORTH OCEAN BLVD. SUITE 708 POMPANO BEACH, FL 33062 US

#### FEI Number: 46-3652403

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

THE KNOWLEDGE COMPASS, INC. 1 NORTH OCEAN BLVD. SUITE 708 POMPANO BEACH, FL 33062 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:

#### Officer/Director Detail

Officer/Director Detail :					
	Title	PRESIDENT, CEO, AND DIRECTOR	Title	EXECUTIVE VICE PRESIDENT, SECRETARY, AND DIRECTOR	
	Name	SULLIVAN, KEVIN M		,	
	Address	1 NORTH OCEAN BLVD. SUITE 708 POMPANO BEACH FL 33062	Name	LONTOC, LOUISE T	
	Address		Address	1 NORTH OCEAN BLVD. SUITE 708	
	City-State-Zip:		0.4 04 4 7		
			City-State-Zip:	POMPANO BEACH FL 33062	
	Title	TREASURER AND CHIEF FINANCIAL OFFICER			
	Name	O'SULLIVAN, MELITA			
	Address	1 NORTH OCEAN BLVD. SUITE 708			
	City-State-Zip:	POMPANO BEACH FL 33062			

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: MELITA O'SULLIVAN

03/06/2017 TREASURER AND CHIEF FINANCIAL OFFICER

Certificate of Status Desired: No

## FILED Mar 06, 2017 Secretary of State CC6962959556

Date