

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000048

**Entity Name:** AXCO OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

3322 FOWLER ST  
FORT MYERS, FL 33901

**Current Mailing Address:**

1506 ARGYLE DRIVE  
FORT MYERS, FL 33919 US

**FEI Number:** 65-1071941

**Certificate of Status Desired:** No

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

GLANZNER, MANFRED  
1506 ARGYLE DRIVE  
FORT MYERS, FL 33919 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                | Title           | MGRM                |
| Name            | GLANZNER, MANFRED   | Name            | CAPE CAR CARE, LLC  |
| Address         | 1506 ARGYLE DRIVE   | Address         | 3031 26TH AVE SW    |
| City-State-Zip: | FORT MYERS FL 33919 | City-State-Zip: | CAPE CORAL FL 33914 |

*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:** MANFRED GLANZNER

MGRM

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date