

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004405

**Entity Name:** PNEUMOFLEX SYSTEMS, LLC

**Current Principal Place of Business:**

301 E SHERIDAN RD  
MELBOURNE, FL 32901

**Current Mailing Address:**

PO BOX 1658  
MELBOURNE, FL 32902-1658

**FEI Number:** 59-3736748

**Certificate of Status Desired:** No

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

KANCILIA, JOHN RESQ.  
1795 WEST NASA BLVD  
MELBOURNE, FL 32901 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 PNEUMOFLEX, INC  
Address PO BOX 1658  
City-State-Zip: MELBOURNE FL 32902-1658

Title MGRM  
Name KENNEDY, WILLIAM P  
Address PO BOX 1658  
City-State-Zip: MELBOURNE FL 32902-1658

Title MGRM  
Name ADDINGTON, W ROBERT II  
Address PO BOX 1658  
City-State-Zip: MELBOURNE FL 32902-1658

Title MGRM  
Name MILLER, STUART P  
Address PO BOX 1658  
City-State-Zip: MELBOURNE FL 32902-1658

Title MGRM  
Name STEPHENS, ROBERT E  
Address PO BOX 1658  
City-State-Zip: MELBOURNE FL 32902-1658

*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:** W ROBERT ADDINGTON

MGRM

03/04/2014

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

\_\_\_\_\_ Date