

2015 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: ADDINGTON , W ROBERT II

MGRM

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date