

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022773

Entity Name: CERTIFIED BACKFLOW TESTING OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2106 MONTANA ST.
ORLANDO, FL 32803

Current Mailing Address:

2106 MONTANA ST.
ORLANDO, FL 32803

FEI Number: 51-0463667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUM, LONNIE
2106 MONTANA ST.
ORLANDO, FL 32803 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 MGR
Name LONNIE, BLUM
Address 2106 MONTANA ST.
City-State-Zip: ORLANDO FL 32803

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: LONNIE BLUM

MGR

04/13/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date