

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032738

Entity Name: PHI-CON, LLC

Current Principal Place of Business:

5043 WINWOOD WAY
ORLANDO, FL 32819

Current Mailing Address:

5043 WINWOOD WAY
ORLANDO, FL 32819

FEI Number: 20-4287367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROSMAN, KURT E
5043 WINWOOD WAY
ORLANDO, FL 32819 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 GROSMAN, KURT E
Address 5043 WINWOOD WAY
City-State-Zip: ORLANDO FL 32819

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: KURT E. GROSMAN

MGR

04/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date