

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012599

**Entity Name:** FLORIDA MOBILE SPEED TESTING LLC

**Current Principal Place of Business:**

12333 TWIN POND LANE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

731 DUVAL STATION RD  
#107-144  
JACKSONVILLE, FL 32218-0800 US

**FEI Number:** 35-2247091

**Certificate of Status Desired:** No

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

SPAULDING, TIMOTHY E  
12333 TWIN POND LANE  
JACKSONVILLE, FL 32218 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 AUTHORIZED MEMBER  
Name GODFREY, WILLIAM E  
Address 3145 AQUILLA CT  
City-State-Zip: MIDDLEBURG FL 32068

Title MANAGER  
Name SPAULDING, LORI D  
Address 12333 TWIN POND LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title AUTHORIZED MEMBER  
Name SPAULDING, TIMOTHY  
Address 12333 TWIN POND LANE  
City-State-Zip: JACKSONVILLE FL 32218

*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:** LORI D SPAULDING

**MANAGER**

**01/08/2014**

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

\_\_\_\_\_  
Date