

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114039

**Entity Name:** ACCESS TECHNICIANS OF FLORIDA, LLC

**Current Principal Place of Business:**

5126 CLEWIS AVE.  
TAMPA, FL 33610

**Current Mailing Address:**

5126 CLEWIS AVE.  
TAMPA, FL 33610

**FEI Number: 20-3871964**

**Certificate of Status Desired: No**

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

JUILLERAT, APRIL PRES.  
5126 CLEWIS AVE  
TAMPA, FL 33610 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	Title	MGR
Name	JUILLERAT, APRIL PRES	Name	JUILLERAT, CHRISTOPHER MVP
Address	5126 CLEWIS AVE.	Address	5126 CLEWIS AVE
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33610

*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: APRIL JUILLERAT**

**PRESIDENT**

**04/05/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date