

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000195

**Entity Name:** SURVIVOR LLC

**Current Principal Place of Business:**

26532 SHOREGRASS DRIVE  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

P.O. BOX 7743  
WESLEY CHAPEL, FL 33545 US

**FEI Number:** 20-8911742

**Certificate of Status Desired:** No

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

DE GREEF, FERDINAND WMR  
26532 SHOREGRASS DRIVE  
WESLEY CHAPEL, FL 33544 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 HERZ, TAMARA J  
Address 26532 SHOREGRASS DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name DE GREEF, FERDINAND W  
Address 26532 SHOREGRASS DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name HERZ, RALPH R  
Address 26532 SHOREGRASS DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** FERDINAND DE GREEF

MGRM

01/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date