

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000195

Entity Name: SURVIVOR LLC

Current Principal Place of Business:

4747 RED PINE WAY
WESLEY CHAPEL, FL 33545

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
4747 RED PINE WAY
WESLEY CHAPEL, FL 33545 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 MRS
Address 4747 RED PINE WAY
City-State-Zip: WESLEY CHAPEL FL 33545

Title MGRM
Name DE GREEF, FERDINAND WMR
Address 4747 RED PINE WAY
City-State-Zip: WESLEY CHAPEL FL 33545

Title MGRM
Name HERZ, RALPH RMR
Address 4747 RED PINE WAY
City-State-Zip: WESLEY CHAPEL FL 33545

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

MANAGING MEMBER

01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date