

**2014 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**

**01/08/2014**

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

\_\_\_\_\_  
Date