

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008527

**Entity Name:** GENESIS APPLIED SCIENCES, LLC

**Current Principal Place of Business:**

1000 N. ASHLEY DRIVE  
SUITE 900  
TAMPA, FL 33602

**Current Mailing Address:**

1000 N. ASHLEY DRIVE  
SUITE 900  
TAMPA, FL 33602 US

**FEI Number: 56-2559815**

**Certificate of Status Desired: Yes**

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

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVE.  
SUITE 1000 (JGH)  
ORLANDO, FL 32801-5403 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 MARRINER, BRUCE E  
Address 1000 N. ASHLEY DRIVE  
SUITE 900  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name LLEWELLYN, MARK T  
Address 2507 CALLAWAY ROAD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32303

*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: MARK T. LLEWELLYN SR.**

**MGRM**

**01/03/2017**

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

\_\_\_\_\_  
Date