

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094060

**Entity Name:** NEXUS 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:** 26-1266325

**Certificate of Status Desired:** Yes

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

CORPORATION COMPANY OF ORLANOD  
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                               | Title           | MGRM                            |
| Name            | MARRINER, BRUCE E                  | Name            | LLEWELLYN, MARK T               |
| Address         | 1000 N. ASHLEY DRIVE,<br>SUITE 900 | Address         | 2507 CALLAWAY ROAD<br>SUITE 100 |
| City-State-Zip: | TAMPA FL 33602                     | 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