

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112566

**Entity Name:** A THRU Z APPLIANCE SERVICE, LLC

**Current Principal Place of Business:**

3733 BISCAYNE DR  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

PO BOX 180333  
CASSELBERRY, FL 32718

**FEI Number:** 26-1391873

**Certificate of Status Desired:** No

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

VELILLA, GABRIEL  
3733 BISCAYNE DR  
WINTER SPRINGS, FL 32718 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 VELILLA, GABRIEL  
Address 3733 BISCAYNE DR  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** GABRIEL VELILLA

**OWNER**

**01/15/2015**

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

\_\_\_\_\_  
Date