

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000039407

**Entity Name:** FLORIDA VALVE & EQUIPMENT, LLC

**Current Principal Place of Business:**

525 NW 48TH TERRACE  
OCALA, FL 34482

**Current Mailing Address:**

PO BOX 773537  
OCALA, FL 34477

**FEI Number:** 26-2400420

**Certificate of Status Desired:** No

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

DEMPSEY, TIMOTHY  
523 SE 42ND STREET  
OCALA, FL 34480 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 DEMPSEY, TIMOTHY  
Address 523 SE 42ND STREET  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name MITCHELL, GIRARD  
Address 5507 MONTE FINO COURT  
City-State-Zip: LAKE WORTH FL 33463

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY DEMPSEY

**PARTNER**

**04/16/2013**

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

\_\_\_\_\_  
Date