

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000005663

Entity Name: FORCE PROTECTION SOLUTIONS, LLC

Current Principal Place of Business:

4304 IRIS ST. N.
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 5139
LAKELAND, FL 33807 US

FEI Number: 26-4064778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBRITTON, JEFFERY A
4304 IRIS ST. N.
LAKELAND, FL 33813 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 ALBRITTON, JEFFERY A
Address 4304 IRIS ST. N.
City-State-Zip: LAKELAND FL 33813

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: JEFFERY A. ALBRITTON

MANAGING MEMBER

02/17/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date