| Certificate of Status Des                 | ired: No                  |
|---|---------------------------|
|   |                           |
|   |                           |
|   |                           |
| stered agent, or both, in the State of Fl | orida.                    |
| stered agent, or both, in the State of Fl | orida.<br>04/22/2014      |
| stered agent, or both, in the State of Fl |                           |
| stered agent, or both, in the State of Fl | 04/22/2014                |
| stered agent, or both, in the State of Fl | 04/22/2014                |
|   | 04/22/2014                |
| MGR                                       | 04/22/2014                |
|   | Certificate of Status Des |

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: LILIANA P. ARMSTRONG

MANAGER

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ARMSTRONG TRAFFIC MANAGEMENT LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

1553 FIREWHEEL DR WESLEY CHAPEL, FL 33543 FILED Apr 22, 2014 Secretary of State CC9337415462

Date