

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000941

**Entity Name:** AMERI-PRIDE FT MYERS LLC

**Current Principal Place of Business:**

16485 US HWY 19 N  
CLEARWATER, FL 33764

**Current Mailing Address:**

16485 US HWY 19 N  
CLEARWATER, FL 33764 US

**FEI Number:** 27-4347908

**Certificate of Status Desired:** No

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

AMERI-PRIDE INC  
16485 US HWY 19 N  
CLEARWATER, FL 33764 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	MGR	Title	MGR
Name	SHEHU, FATBARDH	Name	SHEHU, SOKOL
Address	16485 US HWY 19 N	Address	16485 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764

*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:** FATBARDH SHEHU

**PRESIDENT**

**01/14/2016**

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

\_\_\_\_\_  
Date