

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045777

**Entity Name:** 2CLAPS , LLC

**Current Principal Place of Business:**

5153 DOVE TREE STREET  
ORLANDO, FL 32811

**Current Mailing Address:**

5153 DOVE TREE STREET  
ORLANDO, FL 32811 US

**FEI Number:** 45-1765352

**Certificate of Status Desired:** No

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

ANDERSON, TREVOR  
5153 DOVE TREE STREET  
ORLANDO, FL 32811 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 ANDERSON, AMBER  
Address 5153 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

Title MGRM  
Name ANDERSON, TREVOR  
Address 5153 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

*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:** AMBER ANDERSON

**MANAGER**

**02/05/2015**

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

\_\_\_\_\_  
Date