## 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: NATALIE BARNES

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 45-3606858 Name and Address of Current Registered Agent:

Entity Name: TITAN CONTRACTING, LLC

**Current Principal Place of Business:** 

SPRECHER, JEFF CPA 2804 DEL PRADO BLVD UNIT 105 CAPE CORAL, FL 33904-7219 US

DOCUMENT# L11000118170

1621 SEABOARD STREET FORT MYERS. FL 33916

Current Mailing Address: 1621 SEABOARD STREET FORT MYERS. FL 33916 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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	BARNES, NATALIE	Name	HILLIARD, JUSTIN A
Address	38520 STILL LN.	Address	408 HAMILTON AVE
City-State-Zip:	NORTH FORT MYERS FL 33917	City-State-Zip:	LEHIGH ACRES FL 33972

MANAGER

04/01/2016 Date

FILED Apr 01, 2016 Secretary of State CC4985866547

Date

Certificate of Status Desired: No