**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125084

**Entity Name:** PUMPS, LLC

**FILED**
**Mar 23, 2018**
**Secretary of State**
**CC5303402101**

**Current Principal Place of Business:**

1218 PONCE DE LEON DRIVE
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1218 PONCE DE LEON DRIVE
FORT LAUDERDALE, FL 33316

**FEI Number: 45-3772249**

**Certificate of Status Desired:** No

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

COHN, ALAN B
200 E. BROWARD BOULEVARD
1800
FT LAUDERDALE, FL 33301 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 | PUMPER, SCOTT D | Name | PUMPER, LISA M |
| Address | 1218 PONCE DE LEON DRIVE | Address | 1218 PONCE DE LEON DRIVE |
| City-State-Zip: | FT LAUDERDALE FL 33316 | City-State-Zip: | FT LAUDERDALE FL 33316 |

*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: SCOTT PUMPER MANAGER 03/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date