

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000129142

**Entity Name:** FLORIDA SPRAYERS OF ORLANDO, LLC

**Current Principal Place of Business:**

4045 FORRESTAL AVENUE  
#11  
ORLANDO, FL 32806

**Current Mailing Address:**

18137 SWAN LAKE DRIVE  
LUTZ, FL 33549

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CARTER, BARRY V  
4045 FORRESTAL AVENUE  
#11  
ORLANDO, FL 32806 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 CARTER, BARRY V  
Address 4045 FORRESTAL AVENUE  
#11  
City-State-Zip: ORLANDO FL 32806

Title MGR  
Name CARTER, JUSTINE L  
Address 4045 FORRESTAL AVENUE  
#11  
City-State-Zip: ORLANDO FL 32806

*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:** JUSTINE CARTER

VP

02/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date