

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000084628

**Entity Name:** SANITIZING PLUS DISTRIBUTORS, LLC

**Current Principal Place of Business:**

1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275

**Current Mailing Address:**

P.O. BOX 1460  
NOKOMIS, FL 34274

**FEI Number:** 46-0579085

**Certificate of Status Desired:** No

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

LAUDENSLAGER, JOHN P  
1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275 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 FACILITY RESOURCES AND TRAINING LLC  
Address 1398 LEAWOOD ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title MGRM  
Name GLOBAL FINANCIAL CONCEPTS, INC.  
Address PO BOX 1460  
City-State-Zip: NOKOMIS FL 34274

*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:** JOHN P LAUDENSLAGER

MGRM

04/21/2014

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

\_\_\_\_\_ Date