

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000124384

Entity Name: CABRERA, A.T.S., LLC**Current Principal Place of Business:**7707 SOUTH ORANGE AVENUE
593644
ORLANDO , FL 32859-3644**Current Mailing Address:**7707 SOUTH ORANGE AVENUE
ORLANDO, FL 32859-3644 US**FEI Number:** 46-1094687**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CABRERA, PETER J
7707 SOUTH ORANGE AVENUE
593644
ORLANDO , FL 32859-3644 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:** PETER CABRERA

06/10/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CO-OWNER
Name	CABRERA, PETER J
Address	7030 KING ARTHUR DRIVE
City-State-Zip:	PORT RICHIE FL 34668

Title	AUTHORIZED MEMBER
Name	MILAM, EMORY
Address	7030 KING ARTHUR DRIVE
City-State-Zip:	PORT RICHIE FL 34668

Title	OWNER
Name	LEAHY , BRITTNEY
Address	7030 KING ARTHUR DRIVE
City-State-Zip:	PORT RICHIE FL 34668

Title	AUTHORIZED MEMBER
Name	SPEAKMAN, KEVIN DAVID
Address	7707 SOUTH ORANGE AVENUE 593644
City-State-Zip:	ORLANDO FL 32859-3644

Title	AUTHORIZED MEMBER
Name	PEREZ'-MALO, ORLANDO
Address	7707 SOUTH ORANGE AVENUE 593644
City-State-Zip:	ORLANDO FL 32859-3644

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: PETER CABRERA

CO OWNER

06/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date