# 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: EMILY VV. ANDERSEN

Electronic Signature of Signing Authorized Person(s) Detail

### DOCUMENT# L12000133343 Entity Name: ANDERSON REAL TIME SERVICES, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

233 LIVE OAK LANE ALTAMONTE SPRINGS. FL 32714

### **Current Mailing Address:**

175 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714

### FEI Number: 46-1693462

### Name and Address of Current Registered Agent:

ANDERSEN, EMILY W 233 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ANDERSEN, EMILY W	Name	ANDERSEN, CHARLES W
Address	233 LIVE OAK LANE	Address	233 LIVE OAK LANE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

and my name appears above, or on an allocation with all of	nor me emperiored.
SIGNATURE EMILY W ANDERSE	N

04/30/2016

FILED Apr 30, 2016 Secretary of State CC1744629083

Date

Certificate of Status Desired: No

MANAGER

Date