

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000021176

**Entity Name:** 1SOURCE WATER DAMAGE & REMODELING LLC

**Current Principal Place of Business:**

435 AULIN AVENUE  
SUITE A  
OVIEDO, FL 32765

**Current Mailing Address:**

435 AULIN AVENUE  
SUITE A  
OVIEDO, FL 32765 US

**FEI Number:** 46-1996443

**Certificate of Status Desired:** Yes

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

WIGGINS, SCOTT F  
435 AULIN AVENUE  
SUITE A  
OVIEDO, FL 32765 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 WIGGINS, SCOTT F  
Address 424 ROCKAFELLOW WAY  
City-State-Zip: ORLANDO FL 32828

Title MGRM  
Name HOBACK, RICHARD  
Address 1944 HOUNDSLAKES DRIVE  
City-State-Zip: WINTER PARK FL 32907

*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 F. WIGGINS

MGRM

04/14/2016

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

\_\_\_\_\_  
Date