

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000043472

**Entity Name:** FUL, LLC

**Current Principal Place of Business:**

13665 INDEPENDENCE DRIVE  
MANASSAS, VA 20112

**Current Mailing Address:**

13665 INDEPENDENCE DRIVE  
MANASSAS, VA 20112

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARKMAN, GARY  
1321 SASSAFRAS AVENUE  
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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARKMAN, STEVE  
Address 13665 INDEPENDENCE DRIVE  
City-State-Zip: MANASSAS VA 20112

*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:** STEVE MARKMAN

**MANAGER**

**04/05/2019**

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

\_\_\_\_\_  
Date