

2014 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
705 DOUGLAS AVE.
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	Title	MGRM
Name	MARKMAN, STEVE	Name	FEIFER, DORENE P
Address	13665 INDEPENDENCE DRIVE	Address	500 MAGNOLIA DRIVE
City-State-Zip:	MANASSAS VA 20112	City-State-Zip:	MAITLAND FL 32751

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

OWNER

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date