

2015 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

OWNER

02/01/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date