

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000058204

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC1971238320**

**Entity Name:** ONSITE HOSE REPLACEMENT LLC

**Current Principal Place of Business:**

6400 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

6400 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014 US

**FEI Number:** 46-2775974

**Certificate of Status Desired:** Yes

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

ITURREY, ALDO  
6400 MIAMI LAKEWAY S.  
MIAMI, FL 33014 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	Title	MGRM
Name	ITURREY, ALDO	Name	CABANZON, MARIA E
Address	6400 MIAMI LAKEWAY S.	Address	6400 MIAMI LAKEWAY S.
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014

*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:** ALDO ITURREY

**MANAGER**

**04/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date