

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000131733

**Entity Name:** FACILITIES SOLUTIONS, LLC

**Current Principal Place of Business:**

3229 BLUFF BLVD  
HOLIDAY, FL 34691

**Current Mailing Address:**

P. O. BOX 2001  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 32-0419877

**Certificate of Status Desired:** Yes

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

ACKLEY, KATHLEEN M  
3229 BLUFF BLVD.  
HOLIDAY, FL 34691 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 ACKLEY, KATHLEEN M  
Address 3229 BLUFF BLVD.  
City-State-Zip: HOLIDAY FL 34691

Title MGRM  
Name ACKLEY, ROBERT D  
Address 3229 BLUFF BLVD.  
City-State-Zip: HOLIDAY FL 34691

Title MGRM  
Name ACKLEY, JUSTIN R  
Address 936 GLENVIEW CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

Title MGRM  
Name ACKLEY, JESSE M  
Address 1120 LANCER LANE  
City-State-Zip: TARPON SPRINGS FL 34689

*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:** KATHLEEN M. ACKLEY

**PRESIDENT**

**01/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date