

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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: No

Name and Address of Current Registered Agent:

ACKLEY, ROBERT D
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, 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

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

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

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: ROBERT D ACKLEY

MGR

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date