

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142520

**Entity Name:** ATS OF SWFL, LLC

**Current Principal Place of Business:**

11631 OLD US 41, SUITE 102  
FORT MYERS, FL 33912

**Current Mailing Address:**

11631 OLD US 41, SUITE 102  
FORT MYERS, FL 33912

**FEI Number:** 46-3837425

**Certificate of Status Desired:** No

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

MASSIE, CHARLES ABELS  
15671 SAN CARLOS BLVD. SUITE 201  
FORT MYERS, FL 33908 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	MANAGER	Title	MGR
Name	POLAND, JOHN	Name	JILLETT LIVING TRUST
Address	722 PINECASTLE DR.	Address	5551 LUCKETT RD C-74
City-State-Zip:	LEHIGH ACRES FL 33974	City-State-Zip:	FORT MYERS FL 33905

*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:** JOHN JILLETT

**MANAGING MEMBER**

**01/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date