

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163671

**Entity Name:** RELOAD LLC

**Current Principal Place of Business:**

1375 S FT HARRISON AVE  
CLEARWATER, FL 33756

**Current Mailing Address:**

PO BOX 2256  
CLEARWATER, FL 33757-2256 US

**FEI Number:** 32-0423867

**Certificate of Status Desired:** No

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

MAVRAKIS, PATRICIA  
1375 S FT HARRISON AVE  
CLEARWATER, FL 33756 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 CAPITAL RESOURCES OF FLORIDA LLC  
Address 1375 S FT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title AMBR  
Name BOESCH, DANIEL E  
Address PO BOX 2256  
City-State-Zip: CLEARWATER FL 33757-2256

Title AMBR  
Name BOESCH, DONALD W  
Address PO BOX 2256  
City-State-Zip: CLEARWATER FL 33757-2256

*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:** CAPITAL RESOURCES OF FLORIDA LLC

**MANAGER**

**02/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date