

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000036340

**Entity Name:** AMERICAN BACKFLOW & FIRE SERVICES, LLC

**Current Principal Place of Business:**

1230 OAKLEY SEAVER DRIVE,  
SUITE 302  
CLERMONT, FL 34711

**Current Mailing Address:**

P.O. BOX 121722  
CLERMONT, FL 34712

**FEI Number:** 45-4216150

**Certificate of Status Desired:** No

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

BRET JONES, P.A.  
700 ALMOND STREET  
CLERMONT, FL 34711 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	P
Name	GAMACHE, GARY
Address	1230 OAKLEY SEAVER DRIVE, SUITE 302
City-State-Zip:	CLERMONT FL 34711

Title	VP
Name	ROBERTS, MARK
Address	1230 OAKLEY SEAVER DRIVE, SUITE 302
City-State-Zip:	CLERMONT FL 34711

*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: GARY GAMACHE

MANAGER

03/16/2016

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

\_\_\_\_\_  
Date