

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000091047

**Entity Name:** BOHLER ENGINEERING FL, LLC

**Current Principal Place of Business:**

35 TECHNOLOGY DRIVE  
WARREN, NJ 07059

**Current Mailing Address:**

35 TECHNOLOGY DRIVE  
WARREN, NJ 07059

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PALMETTO CHARTER SERVICES, INC.  
149 S. RIDGEWOOD AVENUE, SUITE 700  
DAYTONA BEACH, FL 32114 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 VOLANTH, ADAM  
Address 35 TECHNOLOGY DRIVE  
City-State-Zip: WARREN NJ 07059

Title VP  
Name LAPOINTE, JOHN  
Address 3820 NORTHDALE BLVD SUITE 300B  
City-State-Zip: TAMPA FL 33624

Title VP  
Name LYNCH, JOHN  
Address 35 TECHNOLOGY DRIVE  
City-State-Zip: WARREN NJ 07059

Title VP  
Name ZAPPALA, BRIAN  
Address 35 TECHNOLOGY DRIVE  
City-State-Zip: WARREN NJ 07059

Title TREASURER  
Name SIDORSKY, LEWIS  
Address 35 TECHNOLOGY DRIVE  
City-State-Zip: WARREN NJ 07059

Title SECRETARY  
Name LEOPOLD-LEVENTHAL, JANE  
Address 35 TECHNOLOGY DRIVE  
City-State-Zip: WARREN NJ 07059

Title AMBR  
Name STEELE, KYLE  
Address 3820 NORTHDALE BLVD. SUITE 300B  
City-State-Zip: TAMPA FL 33624

*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:** ADAM VOLANTH

**MANAGER**

**02/16/2016**

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

\_\_\_\_\_  
Date