

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000133035

Entity Name: STS REPAIR AND MODIFICATION, LLC**Current Principal Place of Business:**2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957**Current Mailing Address:**2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 US**FEI Number:** 47-1878336**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOMMERS, MICHAEL C
2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 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, AUTHORIZED MEMBER, CEO
Name PHILIP, ANSON JR.
Address 2000 NE JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title AUTHORIZED MEMBER
Name GREENE, ROBERT D
Address 2000 NE JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title AUTHORIZED MEMBER
Name PHILIP, ANSON SR.
Address 2000 NE JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title SECRETARY, TREASURER, CFO
Name SOMMERS, MICHAEL C
Address 2000 NE JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title PRESIDENT
Name SMITH, DONALD MARK
Address 2000 NE JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

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: MICHAEL SOMMERS

CFO

07/20/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date