

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000136734

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC1307514589**

**Entity Name:** DROPPED MY DEVICE, LLC,

**Current Principal Place of Business:**

1081 HOLLAND DRIVE  
BOCA RATON, FL 33487

**Current Mailing Address:**

1081 HOLLAND DRIVE  
BOCA RATON, FL 33487

**FEI Number:** 47-1728780

**Certificate of Status Desired:** No

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

FORMAN, JOSHUA B  
1081 HOLLAND DRIVE  
BOCA RATON, FL 33487 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	Title	AMBR
Name	XEQUIP, LLC,	Name	FTSZ HOLDINGS, LLC,
Address	108 HARRINGTON CT	Address	1081 HOLLAND DRIVE
City-State-Zip:	PALM SPRINGS FL 33461	City-State-Zip:	BOCA RATON FL 33487

*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:** JOSHUA FORMAN

**REGISTERED AGENT**

**02/25/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date