

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000169679

**Entity Name:** AMERIDISABILITY SERVICES, LLC

**Current Principal Place of Business:**

209 S. CENTRAL AVE  
OVIEDO, FL 32765

**Current Mailing Address:**

209 S. CENTRAL AVE.  
OVIEDO, FL 32765

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ANDERSON, WENDY  
1353 PALMETTO AVENUE  
SUITE 200  
WINTER PARK, FL 32789 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:** WENDY ANDERSON

03/10/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name AMERIDISABILITY SERVICES, LLC, A  
DELAWARE LIMITED LIABILITY  
COMPANY  
Address 209 S. CENTRAL AVE.  
City-State-Zip: OVIEDO FL 32765

*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:** SHEILA MAHAN

MGR

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date