

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000169679

Entity Name: AMERIDISABILITY SERVICES, LLC

Current Principal Place of Business:

3505 LAKE LYNDA DRIVE
SUITE 200
ORLANDO, FL 32817

Current Mailing Address:

3505 LAKE LYNDA DRIVE
SUITE 200
ORLANDO, FL 32817 US

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

03/20/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name AMERIDISABILITY SERVICES, LLC, A
DELAWARE LIMITED LIABILITY
COMPANY
Address 3505 LAKE LYNDA DRIVE
SUITE 200
City-State-Zip: ORLANDO FL 32817

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

MANAGER

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date