

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000041752

**Entity Name:** CTS FLORIDA LLC

**Current Principal Place of Business:**

8328 BALM ST  
WEEKI WACHEE, FL 34607

**Current Mailing Address:**

8328 BALM ST  
WEEKI WACHEE, FL 34613 US

**FEI Number:** 47-3382504

**Certificate of Status Desired:** No

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

RYMAN, CHRISTINA  
8328 BALM ST  
WEEKI WACHEE, FL 34607 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 RYMAN, CHRISTINA  
Address 8328 BALM ST  
City-State-Zip: WEEKI WACHEE FL 34607

Title MGR  
Name RYMAN, MAURICE  
Address 8328 BALM ST  
City-State-Zip: WEEKI WACHEE FL 34607

Title AR  
Name BREWERLONG PLLC  
Address 620 N WYMORE RD STE 270  
City-State-Zip: MAITLAND FL 32751

*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:** CHRISTINA RYMAN

MGR

03/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date