

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000041752

**Entity Name:** CTS FLORIDA LLC

**Current Principal Place of Business:**

12155 CORTEZ BLVD.  
WEEKI WACHEE, FL 34613

**Current Mailing Address:**

PO BOX 5160  
SPRING HILL, FL 34611 US

**FEI Number:** 47-3382504

**Certificate of Status Desired:** Yes

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

RYMAN, CHRISTINA  
12155 CORTEZ BLVD  
BROOKSVILLE, FL 34613 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 12155 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34613

Title MGR  
Name RYMAN, MAURICE  
Address 12155 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34613

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:** MAURICE RYMAN

VICE PRESIDENT

01/18/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date