# 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.

AMBR

SIGNATURE: JOHN L ZECKLER

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 3206 CARLETON CIRCLE EAST LAKELAND, FL 33803

FEI Number: 47-4669369

3206 CARLETON CIRCLE EAST

LAKELAND, FL 33803

## Name and Address of Current Registered Agent:

ZECKLER, JOHN L 3206 CARLETON CIRCLE EAST LAKELAND, FL 33803 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

### Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	ZECKLER, JOHN L	Name	WILLIAMS, JOAN Z
Address	3206 CARLETON CIRCLE EAST	Address	105 COUNTYSIDE DR
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LONGWOOD FL 32779

FILED Jan 11, 2017 Secretary of State CC7950350461

Date

Certificate of Status Desired: No

01/11/2017

Date

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L15000132082

## Entity Name: FOOD AND NUTRITION TRANSLATIONS LLC

# **Current Principal Place of Business:**