2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000152070

Entity Name: BARRACUDAPROP LLC

Current Principal Place of Business:

203 S ATLANTIC AVE

NEW SMYRNA BEACH. FL 31690

Current Mailing Address:

16528 N DALE MABRY HWY TAMPA, FL 33618 US

FEI Number: 47-5363800 Certificate of Status Desired: No

FILED Mar 09, 2016

Secretary of State

CC9187770481

Date

Date

Name and Address of Current Registered Agent:

SANDERS, WALTER S 16528 N DALE MABRY HWY TAMPA, FL 33618 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 MGR Title MBR

Name SCHILSKY, CHAD Name CAPUANO, VINCENZO

Address 203 S ATLANTIC AVE Address 16528 N DALE MABRY HWY

City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: TAMPA FL 33618

Title MBR Title MBR

Name CAPUANO, PIETRO Name VALENCIA, TAMARA
Address 16528 N DALE MABRY HWY Address 203 S. ATLANTIC AVE

City-State-Zip: TAMPA AL 33618 City-State-Zip: NEW SMYRNA BEACH FL 32169

Title MBR Title MBR

Name GAHN, JAMES Name FORMENT, MIKE

Address 16528 N DALE MABRY HWY Address 45 CUNNINGHAM DR

City-State-Zip: TAMPA AL 33618 City-State-Zip: NEW SMYRNA BEACH FL 32169

Title MGR

Name NORTON, WILLIAM

Address 250 MINORCA BEACH WAY

#506

City-State-Zip: NEW SMYRNA BEACH FL 32169

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: CHAD SCHILSKY MGR 03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail