**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 09, 2016**
**Secretary of State**
**CC9187770481**

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

**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 — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | SCHILSKY, CHAD |
| Address | 203 S ATLANTIC AVE |
| City-State-Zip: | NEW SMYRNA BEACH FL 32169 |

| | |
|---|---|
| Title | MBR |
| Name | CAPUANO, PIETRO |
| Address | 16528 N DALE MABRY HWY |
| City-State-Zip: | TAMPA AL 33618 |

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|---|---|
| Title | MBR |
| Name | GAHN, JAMES |
| Address | 16528 N DALE MABRY HWY |
| City-State-Zip: | TAMPA AL 33618 |

| | |
|---|---|
| Title | MGR |
| Name | NORTON, WILLIAM |
| Address | 250 MINORCA BEACH WAY<br>#506 |
| City-State-Zip: | NEW SMYRNA BEACH FL 32169 |

| | |
|---|---|
| Title | MBR |
| Name | CAPUANO, VINCENZO |
| Address | 16528 N DALE MABRY HWY |
| City-State-Zip: | TAMPA FL 33618 |

| | |
|---|---|
| Title | MBR |
| Name | VALENCIA, TAMARA |
| Address | 203 S. ATLANTIC AVE |
| City-State-Zip: | NEW SMYRNA BEACH FL 32169 |

| | |
|---|---|
| Title | MBR |
| Name | FORMENT, MIKE |
| Address | 45 CUNNINGHAM DR |
| 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 — Date