

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000035155

**Entity Name:** ACCREA MOTION, LLC

**Current Principal Place of Business:**

2016 LAS BRISAS WAY W  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

2016 LAS BRISAS WAY W  
JACKSONVILLE, FL 32224

**FEI Number: 81-1204885**

**Certificate of Status Desired:** No

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

WILLIAMS, KAMILA  
2016 LAS BRISAS WAY W  
JACKSONVILLE, FL 32224 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 WILLIAMS, KAMILA  
Address 2016 LAS BRISAS WAY W  
City-State-Zip: JACKSONVILLE FL 32224

*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: KAMILA WILLIAMS**

**MANAGER**

**03/20/2017**

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

\_\_\_\_\_  
Date