# Electronic Signature of Signing Authorized Person(s) Detail

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

Title	AMBR	Title	AMBR
Name	FRANKLIN, MICHAEL W	Name	KOLB, THERESA A
Address	11221-2 ST. JOHNS INDUSTRIAL PARKWAY SOUTH	Address	11221-2 ST. JOHNS INDUSTRIAL PARKWAY SOUTH
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

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.

ADMINISTRATIVE

DIRECTOR

SIGNATURE: MICHAEL W FRANKLIN

**Current Mailing Address:** 11221-2 ST. JOHNS INDUSTRIAL PARKWAY SOUTH JACKSONVILLE, FL 32246 US

Entity Name: AMERIPRO CALIBRATIONS, LLC

JACKSONVILLE, FL 32246

# FEI Number: 81-5350353 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 11221-2 ST. JOHNS INDUSTRIAL PARKWAY SOUTH

REEDER & NUSSBAUM, PA 2201 4TH STREET NORTH ST. PETERSBURG, FL 33704 US

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000029497

## FILED Jan 27, 2023 Secretary of State 3359174035CC

Certificate of Status Desired: No

Date

01/27/2023

Date