

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000041761

**Entity Name:** FLORIDA HORIZON ENGINEERING, LLC

**Current Principal Place of Business:**

1844 LONGWOOD LAKE MARY ROAD  
SUITE 1070  
LONGWOOD, FL 32750

**Current Mailing Address:**

1844 LONGWOOD LAKE MARY ROAD  
SUITE 1070  
LONGWOOD, FL 32750 US

**FEI Number:** 82-1007217

**Certificate of Status Desired:** No

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

KOLTUN, JEFFREY M  
150 SPARTAN DRIVE STE 100  
MAITLAND, FL 32751 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           MANAGER  
Name           PERDUE, ROSS  
Address        1844 LONGWOOD LAKE MARY ROAD  
                  SUITE 1070  
City-State-Zip: LONGWOOD FL 32750

Title           MANAGER  
Name           CANTWELL, JAMES  
Address        1844 LONGWOOD LAKE MARY ROAD  
                  SUITE 1070  
City-State-Zip: LONGWOOD FL 32750

Title           MANAGER  
Name           TELESZ, JAMES  
Address        1844 LONGWOOD LAKE MARY ROAD  
                  SUITE 1070  
City-State-Zip: LONGWOOD FL 32750

Title           PRESIDENT, MANAGER  
Name           HOWARD, RYAN P.  
Address        1844 LONGWOOD LAKE MARY ROAD  
                  SUITE 1070  
City-State-Zip: LONGWOOD FL 32750

*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:** RYAN P. HOWARD

**PRESIDENT**

**04/05/2019**

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

\_\_\_\_\_  
Date