

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000104077

Entity Name: 1CCFL LLC

Current Principal Place of Business:

5235 RAMSEY WAY
15
FORT MYERS, FL 33907

Current Mailing Address:

PO BOX 62170
FORT MYERS, FL 33906 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRAP'T & NAIL'D LLC
5235 RAMSEY WAY
15
FORT MYERS, FL 33907 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 STRAP'T & NAIL'D
Address PO BOX 62170
City-State-Zip: FORT MYERS FL 33906

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: STRAP'T & NAIL'D

MGT

05/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date