

**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