## 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANITA SOLOMON

Electronic Signature of Signing Officer/Director Detail

#### **Current Mailing Address:** 1201 US HWY ONE STE 405 NORTH PALM BEACH. FL 33408

# FEI Number: 59-2582891

### Name and Address of Current Registered Agent:

SOLOMON, ANITA 1201 US HWY ONE STE 405 NORTH PALM BEACH, FL 33408 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

### **Officer/Director Detail :**

Title	PD	Title	VSD
Name	SOLOMON, DAVID	Name	SOLOMON, ANITA
Address	14530 CYPRESS ISLAND CIR	Address	14530 CYPRESS ISLAND CIR
City-State-Zip:	PALM BCH GARDENS FL 33410	City-State-Zip:	PALM BCH GARDENS FL 33410

Certificate of Status Desired: No

VICE PRES./OWNER

01/21/2016 Date

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: AVID FLOOR MAINTENANCE, INC.

#### **Current Principal Place of Business:**

1201 US HWY ONE STE 405 NORTH PALM BEACH, FL 33408

DOCUMENT# H76270

Jan 21, 2016 Secretary of State CC9708906631

FILED

Date