## 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.

PRESIDENT

#### SIGNATURE: LARRY E SIMMONS

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P14000055053

Entity Name: LARRY SIMMONS AND ASSOCIATES, INC.

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

17818 SANDPINE TRACE WAY TAMPA, FL 33647-2943

# **Current Mailing Address:**

**17818 SANDPINE TRACE WAY** TAMPA. FL 33647-2943

# FEI Number: 26-1658327

# Name and Address of Current Registered Agent:

SIMMONS, LARRY E 17818 SANDPINE TRACE WAY TAMPA, FL 33647-2943 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.

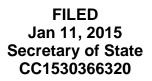
### SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	Р	Title	S
Name	SIMMONS, LARRY E	Name	CHAVES, LUIZ G
Address	17818 SANDPINE TRACE WAY	Address	17818 SANDPINE TRACE WAY
City-State-Zip:	TAMPA FL 33647-2943	City-State-Zip:	TAMPA FL 33647-2943

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: Yes

Date

Date

01/11/2015