

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018365

Entity Name: ESOP, LLC

Current Principal Place of Business:

365 AULIN AVE
OVIEDO, FL 32765

Current Mailing Address:

365 AULIN AVE
OVIEDO, FL 32765

FEI Number: 59-3751798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREEKMORE, JOHN A
365 AULIN AVE
OVIEDO, FL 32765 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 CREEKMORE, JOHN A
Address 365 AULIIN AVE
City-State-Zip: OVIEDO FL 32765

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: JOHN A. CREEKMORE

MGR

04/19/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date