

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017685

Entity Name: FLORIDA LAMBDARAIL, LLC**Current Principal Place of Business:**1607 VILLAGE SQUARE BLVD, SUITE 4
TALLAHASSEE, FL 32309**Current Mailing Address:**1607 VILLAGE SQUARE BLVD, SUITE 4
TALLAHASSEE, FL 32309 US**FEI Number:** 20-0377087**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SWEARINGEN, SANDRA LCFO
1607 VILLAGE SQUARE BLVD
SUITE 4
TALLAHASSEE, FL 32309 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 CEO
Name LAZOR, JOSEPH
Address 1607 VILLAGE SQUARE BLVD
SUITE 4
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM
Name HARTMAN, JOEL
Address 350 MILLICAN HALL
City-State-Zip: ORLANDO FL 32816

Title MGRM
Name BALL, JASON DR
Address 777 GLADES ROAD
City-State-Zip: BOCA RATON FL 33431

Title MGRM
Name BANKS, MARY
Address 10501 FGCU BLVD S
City-State-Zip: FORT MYERS FL 33965

Title MGRM
Name NEWMAN, RICHARD
Address 150 WEST UNIVERSITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title MGRM
Name BARRETT, MICHAEL
Address 6102 UNIVERISTY CENTER, BUILDING
C
City-State-Zip: TALLHASSEE FL 32306-2620

Title MGRM
Name GRILLO, ROBERT
Address 11200 SW 8TH ST PC507
City-State-Zip: MIAMI FL 33199

Title MGRM
Name ELDAYRIE, ELIAS G
Address 1 TIGERT HALL
City-State-Zip: GAINESVILLE FL 32611

Continues on page 2

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: JOSEPH LAZOR

CEO

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MGRM
Name DIECKMANN, MICHAEL F
Address BLDG 79 ROOM 169B
UNIVERSITY OF WEST FLORIDA
City-State-Zip: PENSACOLA FL 32514

Title MGRM
Name SERUYA, STEWART
Address 1535 LEVANTE AVE
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name WEST, TOM
Address 3301 COLLEGE AVE
City-State-Zip: FORT LAUDERDALE FL 33314

Title MGRM
Name PEARCE, MICHAEL
Address 4202 FOWLER AVE LIB 618
City-State-Zip: TAMPA FL

Title MGRM
Name TAYLOR, LANCE
Address 1 UNF DRIVE
UNF HALL SUITE 2200
City-State-Zip: JACKSONVILLE FL 32224