

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066975

**Entity Name:** P.A.T., LLC

**Current Principal Place of Business:**

1201 SW 17TH STREET  
OCALA, FL 34471

**Current Mailing Address:**

1201 SW 17TH STREET  
OCALA, FL 34471

**FEI Number:** 20-3142317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PENN, JOHN  
1201 S.W. 17TH STREET  
OCALA, FL 34471 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 MGRM  
Name PENN, JOHN B  
Address 1201 SW 17TH STREET  
City-State-Zip: Ocala FL 34471

*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 PENN

MGRM

02/27/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date