

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030085

**Entity Name:** APPLICATORS NETWORK, LLC

**Current Principal Place of Business:**

190 SOUTH CUCUMBER LANE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

190 SOUTH CUCUMBER LANE  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 26-4612581

**Certificate of Status Desired:** No

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

WOLFE, HAROLD EIII  
190 SOUTH CUCUMBER LANE  
NEW SMYRNA BEACH, FL 32168 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 WOLFE, HAROLD EIII  
Address 190 SOUTH CUCUMBER LANE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGRM  
Name INMAN, ERIC J  
Address 6536 PINECASTLE BOULEVARD,  
SUITE A  
City-State-Zip: ORLANDO FL 32809

Title MGRM  
Name BURNEY, JAMES LJR.  
Address 871 YORKTOWNE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

*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:** HAROLD E. WOLFE

**PRES**

**01/25/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date