2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2014
Secretary of State
CC7552581220

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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 III MANAGING PARTNER 01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date