

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031232

**Entity Name:** ENVIROSTRUCT, LLC**Current Principal Place of Business:**26701 DUBLIN WOODS CIRCLE  
BONITA SPRINGS, FL 34135**Current Mailing Address:**26701 DUBLIN WOODS CIRCLE  
BONITA SPRINGS, FL 34135 US**FEI Number: 26-4578594****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SIMON, NEIL  
26701 DUBLIN WOODS CIRCLE  
BONITA SPINGS, FL 33928 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           | P                       |
| Name            | SIMON, NEIL W           |
| Address         | 6170 STANDING OAKS LANE |
| City-State-Zip: | NAPLES FL 34119         |

|                 |                      |
|-----------------|----------------------|
| Title           | VP OF CENTRAL FL OPS |
| Name            | JEPPESEN, JOSH       |
| Address         | 14800 ALGARD STREET  |
| City-State-Zip: | MONTVERDE FL 34756   |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | MCKENNA, STEPHEN PJR. |
| Address         | 2135 SE 20TH PLACE    |
| City-State-Zip: | CAPE CORAL FL 33990   |

|                 |                   |
|-----------------|-------------------|
| Title           | CFO               |
| Name            | MAAS, JEFF        |
| Address         | 20468 ARDORE LANE |
| City-State-Zip: | ESTERO FL 33928   |

*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: NEIL SIMON****PRESIDENT****02/08/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date