

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000043361

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC3881715978**

**Entity Name:** COPASETIC MECHANICAL, LLC

**Current Principal Place of Business:**

21225 SW 183 AVE  
MIAMI, FL 33187

**Current Mailing Address:**

21225 SW 183 AVE  
MIAMI, FL 33187

**FEI Number:** 27-2437827

**Certificate of Status Desired:** No

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

CONLEY, GLENN J  
21225 SW 183 AVE  
MIAMI, FL 33187 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           MANAGER  
Name            CONLEY, GLENN J  
Address         21225 SW 183 AVE  
City-State-Zip: MIAMI FL 33187

Title            PRESIDENT  
Name            CONLEY, ADRIANA  
Address         21225 SW 183 AVE  
City-State-Zip: MIAMI FL 33187

Title            VP  
Name            CONLEY, RYAN KEVIN  
Address         21225 SW 183 AVE  
City-State-Zip: MIAMI FL 33187

*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:** ADRIANA CONLEY

**PRESIDENT**

**01/09/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date