

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061732

**Entity Name:** COMMERCIAL OPS, LLC

**Current Principal Place of Business:**

5331 TWIN CREEKS DRIVE  
VALRCIO, FL 33596

**Current Mailing Address:**

5331 TWIN CREEKS DRIVE  
VALRCIO, FL 33596 US

**FEI Number: 27-2820604**

**Certificate of Status Desired:** No

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

THIESSEN, MARIKA  
5331 TWIN CREEKS DRIVE  
VALRCIO, FL 33596 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 MGR  
Name THIESSEN, MARIKA  
Address 5331 TWIN CREEKS DRIVE  
City-State-Zip: VALRICO FL 33596

*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: MARIKA THIESSEN**

**PRINCIPAL**

**01/08/2014**

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

\_\_\_\_\_  
Date