

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110655

**Entity Name:** FLOMOTION, LLC

**Current Principal Place of Business:**

100 N. WOODLAND BLVD  
SUITE 2  
DELAND, FL 32720

**Current Mailing Address:**

100 N. WOODLAND BLVD  
SUITE 2  
DELAND, FL 32720

**FEI Number:** 27-3765386

**Certificate of Status Desired:** No

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

CANTERS, CAMIEL M  
546 N FLORIDA AVE  
DELAND, FL 32720 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:** CAMIEL M CANTERS

04/02/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNR  
Name            KINBERGER, SEAN R  
Address        2967 SHORE DRIVE  
City-State-Zip: SAFETY HARBOR FL 34695

Title            OWNR  
Name            CANTERS, CAMIEL M  
Address        421 NORTH WOODLAND BLVD  
City-State-Zip: DELAND FL 32723

Title            OWNR  
Name            GONZALEZ, MICHAEL K  
Address        970 N SPRING GARDEN AVE  
                    322  
City-State-Zip: DELAND FL 32720

Title            OWNR  
Name            TULLY, TIMOTHY J  
Address        639 MIDDLEBURY LOOP  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAMIEL M CANTERS

OWNR

04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date