

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000000830

Entity Name: TORRES IT, LLC

Current Principal Place of Business:

681 N. HALIFAX DR.
ORMOND BEACH, FL 32176

Current Mailing Address:

P.O. BOX 4037
ORMOND BEACH, FL 32175 UN

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, RICHARD
681 N HALIFAX DR.
ORMOND BEACH, FL 32176 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 TORRES, RICHARD
Address 681 N. HALIFAX DR.
City-State-Zip: ORMOND BEACH FL 32176

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: RICHARD TORRES

MGR

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date