| GNATURE: KIMBERLY ORTEGON | SECRETARY/TREA |
|---------------------------|----------------|
|                           |                |

|                               | Electronic Signature of Registered Agent |  |
|-------------------------------|--|--|
| Authorized Person(s) Detail : |  |  |

| Title           | MGR                   | Title           | SECRETARY, TREASURER  |
|-----------------|-----------------------|-----------------|-----------------------|
| Name            | BUDD, RUSSELL A       | Name            | ORTEGON, KIMBERLY A   |
| Address         | 4395 CORPORATE SQUARE | Address         | 4395 CORPORATE SQUARE |
| City-State-Zip: | NAPLES FL 34104       | City-State-Zip: | NAPLES FL 34104       |

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.

MARK H. MULLER, P.A. 5150 TAMIAMI TRAIL NORTH, SUITE 303 NAPLES, FL 34103 US

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L13000029555

Entity Name: WALL SYSTEMS CONTRACTORS, LLC

## **Current Principal Place of Business:**

4395 CORPORATE SQUARE NAPLES. FL 34104

### **Current Mailing Address:**

4395 CORPORATE SQUARE NAPLES, FL 34104

### FEI Number: 30-0767685

SIGNATURE:

# Name and Address of Current Registered Agent:

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.

SIG

Date

Certificate of Status Desired: Yes

SURER 03/30/2015

# FILED Mar 30, 2015 Secretary of State CC3746916126

Electronic Signature of Signing Authorized Person(s) Detail

Date