

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000035871

**Entity Name:** CUSTOM WALL WORKS, LLC

**Current Principal Place of Business:**

1048 DANCY ST.  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

P.O.BOX 61494  
JACKSONVILLE, FL 32236-1494 US

**FEI Number:** 46-2138497

**Certificate of Status Desired:** No

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

BOSURGI, NANCY  
1048 DANCY ST.  
JACKSONVILLE, FL 32205 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 BOSURGI- BROWN, NANCY  
Address 1048 DANCY ST.  
City-State-Zip: JACKSONVILLE FL 32205

Title MGRM  
Name BOSURGI, JAMES  
Address 1048 DANCY ST.  
City-State-Zip: JACKSONVILLE FL 32205

*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:** NANCY BOSURGI-BROWN

MGRM

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date