

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000054302

**Entity Name:** ARMATURE WORKS LLC

**Current Principal Place of Business:**

220 W 7TH AVE  
SUITE 100  
TAMPA, FL 33602

**Current Mailing Address:**

220 W 7TH AVE  
SUITE 100  
TAMPA, FL 33602 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HARPER, CHARLES D  
100 N TAMPA ST SUITE 2700  
TAMPA, FL 33601 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:** CHARLES HARPER

04/19/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BRUCK, CHARLES J  
Address        220 W 7TH AVE  
                  SUITE 100  
City-State-Zip: TAMPA FL 33602

Title           MANAGER  
Name           HARDEN, ADAM M  
Address        220 W 7TH AVE  
                  SUITE 100  
City-State-Zip: TAMPA FL 33602

Title           VP  
Name           SCALFARO, FRANK  
Address        220 W 7TH AVE  
                  SUITE 100  
City-State-Zip: TAMPA FL 33602

*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:** FRANK SCALFARO

VP

04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date