

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000072629

**Entity Name:** TECHFLUORO, LLC

**Current Principal Place of Business:**

10395 CLAYMORE STREET  
SPRING HILL, FL 34608-7327

**Current Mailing Address:**

10395 CLAYMORE STREET  
SPRING HILL, FL 34608-7327 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KALA, DAVID M  
10395 CLAYMORE STREET  
SPRING HILL, FL 34608-7327 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 MGR  
Name KALA, DAVID M  
Address 10395 CLAYMORE STREET  
City-State-Zip: SPRING HILL FL 34608-7327

Title TREASURER  
Name KALA, KAREN A  
Address 10395 CLAYMORE STREET  
City-State-Zip: SPRING HILL FL 34608-7327

*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:** DAVID M. KALA

MGR

03/10/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date