

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000007817

**Entity Name:** ALL SCAPE SUPPLY LLC

**Current Principal Place of Business:**

5600 W. MIDWAY RD.  
FT. PIERCE, FL 34981

**Current Mailing Address:**

5600 W. MIDWAY RD.  
FT. PIERCE, FL 34981

**FEI Number:** 46-4521576

**Certificate of Status Desired:** Yes

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

SCHWARTZ, MATTHEW  
1640 LAKEFIELD NO. CT.  
WELLINGTON, FL 33414 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            AMBR  
Name            SCHWARTZ, MATTHEW  
Address        1640 LAKEFIELD NO. CT.  
City-State-Zip: WELLINGTON FL 33414

Title            AMBR  
Name            PETRI, PETER  
Address        125 E. MIDWAY RD.  
City-State-Zip: FT. PIERCE FL 34982

*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:** MATTHEW SCHWARTZ

**PARTNER**

**03/24/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date