

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000021155

**FILED**  
**Feb 01, 2015**  
**Secretary of State**  
**CC9313354508**

**Entity Name:** VETERANWARRIORS LLC

**Current Principal Place of Business:**

4642 ONTARIO DR  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

4642 ONTARIO DR  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 46-4492852

**Certificate of Status Desired:** No

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

PRICE, JAMES  
4642 ONTARIO DR  
NEW PORT RICHEY, FL 34652 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 PRICE, JAMES  
Address 4642 ONTARIO DR  
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED MEMBER  
Name PRICE, LAUREN C  
Address 4642 ONTARIO DR  
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED MEMBER  
Name MAESSE, CHAD E  
Address 7917 MITCHELL RANCH ROAD  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** JAMES PRICE

AMBASSADOR

02/01/2015

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

\_\_\_\_\_  
Date