

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000034683

**Entity Name:** CANDICE CZAPLAK LLC

**Current Principal Place of Business:**

9791 SE 143 STREET  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

9791 SE 143 STREET  
SUMMERFIELD, FL 34491 US

**FEI Number: 46-4972944**

**Certificate of Status Desired: No**

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

CZAPLAK, CANDICE  
9791 SE 143 STREET  
SUMMERFIELD, FL 34491 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            CZAPLAK, CANDICE  
Address        9791 SE 143 STREET  
City-State-Zip: SUMMERFIELD FL 34491

*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: CANDICE CZAPLAK**

**OWNER**

**05/09/2015**

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

\_\_\_\_\_ Date