

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000126459

**Entity Name:** ORLANDO WHOLESALE A/C LLC

**Current Principal Place of Business:**

5595 SCHENCK AVE.  
SUITE 6  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

5595 SCHENCK AVE.  
SUITE 6  
ROCKLEDGE, FL 32955 US

**FEI Number:** 47-1606942

**Certificate of Status Desired:** No

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

CONSTANTINO, BENJAMIN C  
5595 SCHENCK AVE.  
SUITE 6  
ROCKLEDGE, FL 32955 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            CONSTANTINO, BENJAMIN C  
Address        5595 SCHENCK AVE., SUITE 6  
City-State-Zip: ROCKLEDGE FL 32955

Title            MBMR  
Name            ARRIGO, JOHN T  
Address        5595 SCHENCK AVE.  
                 SUITE 6  
City-State-Zip: ROCKLEDGE FL 32955

*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:** BENJAMIN CONSTANTINO

AMBR

04/14/2016

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

\_\_\_\_\_  
Date