

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000146153

Entity Name: ACT OUT IMPROV LLC

Current Principal Place of Business:

5007 W. LONGFELLOW AVENUE
TAMPA, FL 33629

Current Mailing Address:

5007 W. LONGFELLOW AVENUE
TAMPA, FL 33629

FEI Number: 47-1948429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHLACT, DEBRA B
5007 W. LONGFELLOW AVENUE
TAMPA, FL 33629 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 SCHLACT, DEBRA B
Address 5007 W. LONGFELLOW AVENUE
City-State-Zip: TAMPA FL 33629

Title AMBR
Name HULS, JOHN H
Address 1710 W HILLS AVE.
#4
City-State-Zip: TAMPA FL 33606

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: DEBRA SCHLACT

REGISTERED AGENT

03/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date