## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000162127

Entity Name: WHITECAP SOLUTIONS, LLC

**Current Principal Place of Business:** 

4419 SEABREEZE DR. JACKSONVILLE, FL 32250

**Current Mailing Address:** 

4419 SEABREEZE DR.

JACKSONVILLE. FL 32250 US

FEI Number: 47-2763469 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT

Α

TAMPA, FL 33612 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

FILED Feb 24, 2015

**Secretary of State** 

CC8368771306

## Authorized Person(s) Detail:

Title AMBR

Name BROWN, ROBERT A
Address 4419 SEABREEZE DR.

SIGNATURE: ROBERT BROWN

City-State-Zip: JACKSONVILLE FL 32216

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.

**OWNER**