

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000174171

**Entity Name:** AVOCADO TECHNICAL SERVICES LLC

**Current Principal Place of Business:**

2835 NELA AVE  
BELLE ISLE, FL 32809

**Current Mailing Address:**

PO BOX 592284  
ORLANDO, FL 32859 US

**FEI Number:** 47-2289465

**Certificate of Status Desired:** Yes

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

CADOW, DANIEL G  
2835 NELA AVE  
BELLE ISLE, FL 32809 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            CADOW, DANIEL G  
Address        2835 NELA AVE  
City-State-Zip: BELLE ISLE FL 32809

*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:** DANIEL G CADOW

AMBR

01/27/2015

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

\_\_\_\_\_ Date