

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000073748

**Entity Name:** TOUCHLESS COVER LLC

**Current Principal Place of Business:**

10150 CENTRAL PORT DRIVE  
ORLANDO, FL 32824

**Current Mailing Address:**

10150 CENTRAL PORT DRIVE  
ORLANDO, FL 32824 US

**FEI Number:** 47-3859567

**Certificate of Status Desired:** Yes

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

CIPPARONE & CIPPARONE, P.A.  
1525 INTERNATIONAL PARKWAY  
SUITE 1071  
LAKE MARY, FL 32746 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            HENDY, CONSTANCE M  
Address        10150 CENTRAL PORT DRIVE  
City-State-Zip: ORLANDO FL 32824

Title            PRESIDENT  
Name            ENGILIS, DAVID  
Address        10150 CENTRAL PORT DRIVE  
City-State-Zip: ORLANDO FL 32824

*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:** CONSTANCE M HENDY

**MANAGING MEMBER**

**02/15/2017**

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

\_\_\_\_\_  
Date