

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000106941

Entity Name: FTPO, LLC

Current Principal Place of Business:

1501 SE LENNARD RD
PORT ST LUCIE, FL 34952

Current Mailing Address:

1501 SE LENNARD RD
PORT ST LUCIE, FL 34952

FEI Number: 47-4391769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOYAL, AJAY
1501 SE LENNARD RD
PORT ST LUCIE, FL 34952 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 MGR
Name GOYAL, AJAY
Address 1501 SE LENNARD RD
City-State-Zip: PORT ST LUCIE FL 34952

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: AJAY GOYAL

MEMBER

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date