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: CRAIG HARRIS PRESIDENT 04/28/2016

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

Electronic Signature of Registered Agent

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.

Authorized Person(s) Detail :

SIGNATURE:

Title	PRES	Title	VP
Name	HARRIS, CRAIG	Name	HARRIS, JENNIFER
Address	849 SPRING ISLAND WAY	Address	849 SPRING ISLAND WAY
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000155361

Entity Name: CENTRAL FLORIDA SUPPLY LLC

Current Principal Place of Business:

405 WAYMONT CT LAKE MARY, FL 32746

Current Mailing Address:

405 WAYMONT CT 121 LAKE MARY, FL 32746

FEI Number: 47-5079924

Name and Address of Current Registered Agent:

GREEN SOLUTIONS ACCOUNTING FIRM INC 405 WAYMONT CT SUITE 121 LAKE MARY, FL 32746 US FILED Apr 28, 2016 Secretary of State CC1325982796

Date

Certificate of Status Desired: No

Date

Electronic Signature of Signing Authorized Person(s) Detail