

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000302228

**Entity Name:** ISI EQUIPMENT LLC

**Current Principal Place of Business:**

3561 INDUSTRIAL ROAD  
TITUSVILLE, FL 32796

**Current Mailing Address:**

P.O. BOX 346  
MIMS, FL 32754 US

**FEI Number:** 85-1384096

**Certificate of Status Desired:** No

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

WILSON, FRED A. III  
3561 INDUSTRIAL ROAD  
TITUSVILLE, FL 32796 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           MANAGER  
Name           WILSON, ELSIE F  
Address        P.O. BOX 346  
City-State-Zip: MIMS FL 32754

Title           MANAGER  
Name           WILSON, FRED A. JR.  
Address        P.O. BOX 346  
City-State-Zip: MIMS FL 32754

Title           MANAGER  
Name           BLUA, RAMONA W.  
Address        P.O. BOX 346  
City-State-Zip: MIMS FL 32754

Title           MANAGER  
Name           WILSON, FRED A. III  
Address        P.O. BOX 346  
City-State-Zip: MIMS FL 32754

Title           MANAGER  
Name           WILSON, JENNIFER L.  
Address        P.O. BOX 346  
City-State-Zip: MIMS FL 32754

*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:** FRED WILSON III

**MANAGER**

**03/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date