

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001424

**Entity Name:** LO-CHLOR, LLC**Current Principal Place of Business:**5755 POWERLINE ROAD  
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5755 POWERLINE ROAD  
FORT LAUDERDALE, FL 33309 US**FEI Number:** 65-0853031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENT, WILLIAM A  
5755 POWERLINE ROAD  
FORT LAUDERDALE, FL 33309 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	KENT, WILLIAM A
Address	5755 POWERLINE ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	MANAGER
Name	CHISLING, GARY R
Address	5755 POWERLINE ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	MANAGER
Name	DOOLEY, MICHAEL
Address	5755 POWERLINE RD
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	MANAGER
Name	KEISER, ARTHUR
Address	1900 W COMMERCIAL BLVD
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	MANAGER
Name	BARADEL, LESLEY
Address	4715 MILBROOK DRIVE NW
City-State-Zip:	ATLANTA GA 30327

Title	MANAGER
Name	WALLICK, GREG
Address	1600 NE 12TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

*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:** GARY CHISLING**MEMBER****02/20/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date