

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000174910

Entity Name: ATLANTIC PRESSURE PLUS LLC

Current Principal Place of Business:

6 SUNNY SHORE DR.
ORMOND BEACH, FL 32176

Current Mailing Address:

6 SUNNY SHORE DR.
ORMOND BEACH, FL 32176 US

FEI Number: 47-5655565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORTORICE, SAMUEL R
6 SUNNY SHORE DR.
ORMOND BEACH, FL 32176 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 TORTORICE, MARK J
Address 6 SUNNY SHORE DR.
City-State-Zip: ORMOND BEACH FL 32176

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: MARK TORTORICE

LLC MEMBER

04/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date