

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000152034

**Entity Name:** L2 FLOOR CARE, INC.

**Current Principal Place of Business:**

4190 PINE RIDGE RD  
NAPLES, FL 34119

**Current Mailing Address:**

4190 PINE RIDGE RD  
NAPLES, FL 34119 US

**FEI Number:** 20-3792913

**Certificate of Status Desired:** No

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

LIZARRALDE, RICARDO  
5249 MESSINA ST.  
AVE MARIA, FL 34142 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

**Officer/Director Detail :**

Title	PSTD	Title	VP
Name	LIZARRALDE, RICARDO	Name	WADE, DAVID
Address	5249 MESSINA ST.	Address	4190 PINE RIDGE RD.
City-State-Zip:	AVE MARIA FL 34142	City-State-Zip:	NAPLES FL 34119

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID WADE

VP

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date