



## Legislation Text

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**File #:** 25-1072, **Version:** 1

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### Interoffice Memorandum

**DATE:** July 16, 2025

**TO:** Mayor Jerry L. Demings and County Commissioners

**THROUGH:** N/A

**FROM:** Ed Torres, M.S., P.E., LEED AP, Director, Utilities

**CONTACT:** David Gregory, Manager, Solid Waste Division

**PHONE:** 407-254-9622

**DIVISION:** Solid Waste Division

**ACTION REQUESTED:**

Approval of commercial refuse license for Accelerated Waste Solutions of North America LLC dba Junk Shot App to provide solid waste hauling services to commercial generators in Orange County for a five-year term. All Districts. (Solid Waste Division)

**PROJECT:** N/A

**PURPOSE:** The Solid Waste Division has received a commercial refuse license application from Accelerated Waste Solutions of North America LLC dba Junk Shot App, to provide solid waste hauling services to multi-family, construction and demolition, and other commercial generators in Orange County.

Section 32-178 of the Orange County Code requires that the applicant

- Provide ownership information and corporate fictitious name
- Purchase and maintain required insurance
- Demonstrate the service capability of vehicles and equipment

Staff has reviewed the application and supporting documentation and determined that Accelerated Waste Solutions of North America LLC dba Junk Shot App meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application and award of a license to provide commercial solid waste collection and transport service in unincorporated Orange County for a period of five years.

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**File #: 25-1072, Version: 1**

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**BUDGET: N/A**

**CHECKLIST FOR A COMMERCIAL REFUSE LICENSE**

**The following is a list of documentation included in this package:**

- Application for commercial hauler license

**Service information to include the following data:**

- Area(s) of Orange County to be serviced
- Number of employees
- Number of commercial vehicles to be used in the business
- Truck numbers and tare weights of each vehicle
- Vehicle registration(s)

**Certificate of Insurance issued to Orange County showing:**

- Orange County shall be named as an additional insured & certificate holder on all liability policies.
- General Liability – in an amount not less than \$1,000,000 per occurrence
- N/A Workers' Compensation as required by Florida Statue Chapter 440.
- Pollution Legal Liability including coverage for bodily injury and property damage as well as cleanup and defense costs with limits of not less than \$1,000,000 per loss.
- Vehicle Insurance – in an amount not less than \$1,000,000 per accident.

**Orange County Local Business Tax Receipt**

- Orange County Business Tax Receipt (formerly called Occupational License)

**License Fee:**

- \$ 25.00      3 or less employees
- \$200.00     4 to 10 employees
- \$350.00     11 or more employees

**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

**Please Check the Services Your Company Provides:**

- Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.
- Construction & Demolition - Collection of Construction and Demolition debris only.
- Other Commercial - Collection and/or processing of solid waste from commercial generators not covered under (1) or (2) above.

UNDER THE PROVISIONS of Orange County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto, the following information is required.

COMPANY NAME: Accelerated Waste Solutions of North America LLC

(Please Include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: Junk Shot App

MAILING ADDRESS: 2304 E Busch Blvd Tampa, Fl 33612

OFFICE PHONE NUMBER: 813-447-3608 Fax Number: 813-871-0377

COMPANY WEBSITE: www.junkshotapp.com

CONTACT NAME(S): Sherrod Hunter

CONTACT PHONE: 813-781-6921

E-MAIL ADDRESS: sherrod@acceleratedwaste.com

(Additional Commercial Hauler License Contacts / Email Addresses listed here or on a separate sheet)

EMERGENCY NUMBER: 813-781-6921

NUMBER OF EMPLOYEES: 3

LOCATION OF EQUIPMENT:

ADDRESS: 5592 L B Mcleod Rd

CITY / STATE / ZIP: Orlando, Fl 32811

HOURS OF OPERATION: 7 am - 5 pm

DAYS OF OPERATION: Monday - Saturday

**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

	<b>Name</b>	<b>Office Held</b>	<b>Permanent Address</b>	<b>% Owned</b>
a.	Sherrod Hunter	COO	2304 E Busch Blvd Tampa, Fl 33612	50
b.	Fred Tomlin, Jr	CEO	2304 E Busch Blvd Tampa, Fl 33612	50
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES  NO

I certify that the aforesaid company owns or has under its control, in good mechanical repair and condition, sufficient equipment to adequately conduct the business of commercial refuse collection and all such equipment meets the requirements of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES  NO

I have read, understand and am willing to comply with the provisions of the County's Solid Waste Collection and Disposal Ordinance and all applicable rules and regulations.

Sherrod Hunter 6/1/2025  
 \_\_\_\_\_  
 Signature of Authorized Representative Date  
 COO  
 \_\_\_\_\_  
 Title

Home Address 13342 Palmera Vista Dr

City / State/ Zip Riverview, Fl 33579

**APPLICATION FOR COMMERCIAL REFUSE LICENSE  
COUNTY OF ORANGE, FLORIDA**

**AFFIDAVIT**

(to be attested before a Notary Public or other  
officer authorized to administer oaths)

STATE OF Florida

COUNTY OF Hillsborough

Personally appeared before me, an officer duly qualified to administer an oath in the City of Tampa, State of Florida, known to me to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct.

Signature of Applicant Shemad Hunter

Sworn to and subscribed before me, this 2<sup>nd</sup> day of June, 2025



[Signature]  
(Notary Public)

My Commission Expires: 3/21/2027



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Companies for CoAdvantage 444 West 47th Street #900 Kansas City, MO 64112	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 854-5423      FAX (A/C, No): E-MAIL ADDRESS: col@coadvantage.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: American Zurich Insurance Company      40142 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> CoAdvantage Corporation Alt. Emp: Accelerated Waste Solutions of North America LLC dba: Junk Shot 101 Riverfront Blvd Suite 300 Bradenton, FL 34205		

**COVERAGES**      **CERTIFICATE NUMBER: 25FL0901181949**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR RVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <b>N</b>	N/A	WC 56-11-942-11	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$    2,000,000 E.L. DISEASE - EA EMPLOYEE \$    2,000,000 E.L. DISEASE - POLICY LIMIT \$    2,000,000
				Location Coverage Period:	04/01/2025	04/01/2026	Client# 612589-FL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided for only those co-employees of, but not subcontractors to:  
Accelerated Waste Solutions of North America LLC dba:  
Junk Shot  
2304 E Busch Blvd  
Tampa, FL 33612

### CERTIFICATE HOLDER

Orange County Florida, C/O Solid Waste Division  
5901 Young Pine Rd.  
Orlando, FL 32829

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Joseph M. Anello*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Professional Insurance Services 13907 Carrollwood Village Run Tampa FL 33618  License#: L006940 ACEWAS-01	<b>CONTACT NAME:</b> Deanna Weidman <b>PHONE (A/C, No, Ext):</b> 813-983-6701 <b>E-MAIL ADDRESS:</b> deanna@proinsuranceflorida.com <b>FAX (A/C, No):</b> 813-356-0951													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lloyds of London</td> <td>15792</td> </tr> <tr> <td>INSURER B : Key Risk Insurance Company</td> <td>10885</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyds of London	15792	INSURER B : Key Risk Insurance Company	10885	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER D :														
INSURER E :														
INSURER F :														

**INSURED**  
 Accelerated Waste Solutions of North America LLC  
 dba Junk Shot  
 2304 E Busch Blvd  
 Tampa FL 33612

**COVERAGES**

CERTIFICATE NUMBER: 956501658

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		CSIEL00798-01	9/17/2024	9/17/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/PROP AGG	\$ 2,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BAP204110311	8/12/2024	8/12/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0	Y		CSIXEL00339-01	9/17/2024	9/17/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE	
							OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Pollution Liability	Y		CSIEL00798-01	9/17/2024	9/17/2025	Each claim	1,000,000
							Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required)  
 Orange County is named as additional insured on liability policies when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Orange County Solid Waste Division  
 Attn: Tiffany Fletcher  
 5901 Young Pine Road  
 Orlando FL 32829

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

**2025**

**EXPIRES SEPTEMBER 30, 2025**

3103-1133688

3103 JANITORIAL/CLEANING SERVIC \$30.00

1 EMPLOYEE(S)

TOTAL TAX \$ 37.50  
PREVIOUSLY PAID \$ 37.50  
TOTAL DUE \$ 0.00

HUNTER SHERROD L

ACCELERATED WASTE SOLUTIONS OF  
4821 N CLARK AVE  
TAMPA, FL 33614-6503

MOBILE FROM HILLSBOROUGH C- Mobile  
X - OUT OF COUNTY - 00000

Paid 37.50 11/05/2014

**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

**2025**

**EXPIRES SEPTEMBER 30, 2025**

3103-1133688

3103 JANITORIAL/CLEANING SERVIC \$30.00

1 EMPLOYEE(S)

TOTAL TAX \$ 37.50  
PREVIOUSLY PAID \$ 37.50  
TOTAL DUE \$ 0.00



HUNTER SHERROD L

ACCELERATED WASTE SOLUTIONS OF  
4821 N CLARK AVE  
TAMPA, FL 33614-6503

MOBILE FROM HILLSBOROUGH C- Mobile  
X - OUT OF COUNTY - 00000

Paid \$ 37.50 11/05/2014

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.

# FLORIDA VEHICLE REGISTRATION

CO/AGY 3 / 4

T# 206042156  
B# 1147011

PLATE **96ANYA**      DECAL **20137288**

Expires **Midnight Wed 12/31/2025**

YR/MK **2024/SU**      BODY **DP**  
VIN **[REDACTED]**  
Plate Type **RGS**      NET WT **10880**

COLOR **WHI**  
TITLE **181782888**  
GVW **14800**

Reg. Tax	157.10	Class Code	41
Init. Reg.		Tax Months	12
County Fee	3.00	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
<b>Grand Total</b>	<b>141.10</b>		

DL/FEID **[REDACTED]**  
Date Issued **12/20/2024**      Plate Issued **9/9/2021**

**ACCELERATED WASTE SOLUTIONS OF NORTH AMERICA LLC**  
**2304 E BUSCH BLVD**  
**TAMPA, FL 33612-8408**

### IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tax Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

**RGS - SUNSHINE STATE**

# FLORIDA VEHICLE REGISTRATION

CO/AGY 3 / 11

T# 1930832747  
B# 5953342

PLATE **RAKV80**      DECAL **20938283**

Expires **Midnight Tue 12/31/2025**

YR/MK **2024/SU**      BODY **TK**  
VIN **[REDACTED]**  
Plate Type **RGS**      NET WT **8040**

COLOR **WHI**  
TITLE **153981889**  
GVW **14500**

Reg. Tax	145.43	Class Code	41
Init. Reg.		Tax Months	10
County Fee	3.00	Back Tax Mos	
Mail Fee		Credit Class	41
Sales Tax		Credit Months	
Voluntary Fees			
<b>Grand Total</b>	<b>148.43</b>		

DL/FEID **[REDACTED]**  
Date Issued **3/1/2024**      Plate Issued **3/1/2024**

TRANSFER: **X**

**ACCELERATED WASTE SOLUTIONS OF NORTH AMERICA LLC**  
**2304 E BUSCH BLVD**  
**TAMPA, FL 33612**

### IMPORTANT INFORMATION

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4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

**RGS - SUNSHINE STATE      PLATE ISSUED X**



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company

ACCELERATED WASTE SOLUTIONS OF NORTH AMERICA, LLC

### Filing Information

<b>Document Number</b>	L09000116528
<b>FE/EIN Number</b>	27-1394911
<b>Date Filed</b>	12/07/2009
<b>Effective Date</b>	01/01/2010
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC AMENDMENT
<b>Event Date Filed</b>	01/28/2013
<b>Event Effective Date</b>	NONE

### Principal Address

2304 E Busch Blvd  
Tampa, FL 33612

Changed: 05/01/2024

### Mailing Address

2304 E Busch Blvd  
Tampa, FL 33612

Changed: 05/01/2024

### Registered Agent Name & Address

HUNTER, SHERROD L  
2304 E Busch Blvd  
Tampa, FL 33612

Name Changed: 04/21/2014

Address Changed: 05/01/2024

### Authorized Person(s) Detail

#### **Name & Address**

Title MGRM

HUNTER, SHERROD  
 2304 E Busch Blvd  
 Tampa, FL 33612

Title MGRM

TOMLIN, FRED JR  
 2304 E Busch Blvd  
 Tampa, FL 33612

### Annual Reports

Report Year	Filed Date
2023	05/01/2023
2024	05/01/2024
2025	01/28/2025

### Document Images

<a href="#">01/28/2025 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/01/2024 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/01/2023 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">07/15/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/28/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/05/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">08/06/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">08/22/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">08/29/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/22/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/20/2015 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/21/2014 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/24/2013 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/28/2013 -- LC Amendment</a>	View image in PDF format
<a href="#">12/13/2012 -- LC Amendment</a>	View image in PDF format
<a href="#">03/15/2012 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/10/2011 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/12/2010 -- LC Name Change</a>	View image in PDF format
<a href="#">12/07/2009 -- Florida Limited Liability</a>	View image in PDF format