

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000125776

**Entity Name:** LIMARA, CORP.

**Current Principal Place of Business:**

5344 BURLINGTON AVE N  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

5344 BURLINGTON AVE N  
ST. PETERSBURG, FL 33710

**FEI Number:** 20-1565396

**Certificate of Status Desired:** No

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

CITAVICIENE, LINA  
5344 BURLINGTON AVE N  
ST PETERSBURG, FL 33710 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 P  
Name CITAVICIENE, LINA  
Address 5344 BURLINGTON AVE N  
City-State-Zip: ST. PETERSBURG FL 33710

Title VP  
Name CITAVICITUS, EIMANTAS  
Address 5344 BURLINGTON AVE N  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** LINA CITAVICIENE

P

04/24/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date