that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016029

Entity Name: MORENO, PINTO & CLARK, LLC

#### **Current Principal Place of Business:**

111 N. MAGNOLIA AVENUE SUITE 1025 ORLANDO, FL 32801

# **Current Mailing Address:**

111 N. MAGNOLIA AVENUE SUITE 1025 ORLANDO, FL 32801

# FEI Number: 59-3687027

# Name and Address of Current Registered Agent:

MORENO, ANTONIO LJR 111 N. MAGNOLIA AVENUE SUITE 1025 ORLANDO, FL 32801 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

#### Authorized Person(s) Detail :

	Title	MGR	Title	MGR
	Name	MORENO, ANTONIO JR	Name	CLARK, ROBERT
	Address	111 N MAGNOLIA AVENUE SUITE 1025	Address	111 N MAGNOLIA AVENUE SUITE 1025
	City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
	Title	MG	Title	MGR
	Title Name	MG PINTO, CHRISTINA M	Title Name	MGR MORENO-HARAMBOURE, ELIZABETH
	Name	PINTO, CHRISTINA M 111 N MAGNOLIA AVENUE SUITE	Name	MORENO-HARAMBOURE, ELIZABETH 111 N MAGNOLIA AVENUE SUITE

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

MANAGER

03/08/2016

Date

FILED Mar 08, 2016 Secretary of State CC1467129462

Certificate of Status Desired: No

Date