

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013800

**Entity Name:** EXPATRIATE RELOCATION LLC

**Current Principal Place of Business:**

C/O F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**Current Mailing Address:**

C/O F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

**FEI Number:** 01-0711132

**Certificate of Status Desired:** No

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

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS  
ATTN: F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 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 MGRM  
Name GRIME, MICHAEL D  
Address BRERETON HOUSE  
MILL LANE, BRERETON  
City-State-Zip: HOLMES CHAPEL CHESHIRE  
CW48AU

Title MGRM  
Name GRIME, VALERIE J  
Address BRERETON HOUSE  
MILL LANE, BRERETON  
City-State-Zip: HOLMES CHAPEL CHESHIRE  
CW48AU

*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:** VALERIE J GRIME

MGRM

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date