

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117962

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC0756968491**

**Entity Name:** THE DE ARMAS FAMILY LLC

**Current Principal Place of Business:**

70 WEST LUCERNE CIRCLE  
SUITE 1808  
ORLANDO, FL 32801

**Current Mailing Address:**

70 WEST LUCERNE CIRCLE  
SUITE 1808  
ORLANDO, FL 32801 US

**FEI Number:** 20-3998707

**Certificate of Status Desired:** No

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

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE  
SUITE 200  
ORLANDO, FL 32804 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 DE ARMAS, DAVID  
Address 1411 EDGEWATER DRIVE, SUITE 200  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name DE ARMAS, DANIEL  
Address 1411 EDGEWATER DRIVE, SUITE 200  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name TAYLOR, LARRY  
Address 2300 ABERDEEN BEND  
City-State-Zip: CARROLLTON TX 75007

Title MGRM  
Name DE ARMAS, PAM  
Address 2258 BIG BEND  
City-State-Zip: CARROLLTON TX 75007

*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:** DAVID DE ARMAS

**MANAGER**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date