

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117962

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

**Current Principal Place of Business:**

1492 LANCO STREET  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

1492 LANCO STREET  
PORT CHARLOTTE, FL 33952

**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 1411 EDGEWATER DRIVE, SUITE 200  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name DE ARMAS, PAM  
Address 1492 LANCO STREET  
City-State-Zip: PORT CHARLOTTE FL 33952

*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

MGRM

01/09/2014

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

\_\_\_\_\_  
Date