

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028116

Entity Name: MINORCA SFP, LLC**Current Principal Place of Business:**9655 BLANDFORD RD.
ORLANDO, FL 32827**Current Mailing Address:**9655 BLANDFORD RD.
ORLANDO, FL 32827**FEI Number:** 20-4503917**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEARLMAN, CRAIG S
2 S ORANGE AVE 5TH FLOOR
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_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	STANCHINA, MARY LYNN
Address	9655 BLANDFORD RD
City-State-Zip:	ORLANDO FL 32827

Title	MGR
Name	STANCHINA, ADAM
Address	8670 FARTHINGTON WAY
City-State-Zip:	ORLANDO FL 32827

Title	MGR
Name	STANCHINA, MATTHEW
Address	1307 CHAPMAN CIRCLE
City-State-Zip:	WINTER PARK FL 32789

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: MARY LYNN STANCHINA

MANAGER

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date