

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014101

**Entity Name:** AMALIA'S FLORIST, LLC

**Current Principal Place of Business:**

1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573

**FEI Number:** 38-3777521

**Certificate of Status Desired:** No

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

REYES, LUIS M  
1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573 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	Title	MGR
Name	REYES, AMALIA	Name	REYES, LUIS
Address	4103 CYPRESS POINT	Address	4103 CYPRESS POINT
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596

*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:** LUIS MANUEL REYES

**MGR**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date