

2014 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 M REYES

MGR

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date