

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000079916

**Entity Name:** FLORIDA INVEST MANAGEMENT, LLC

**Current Principal Place of Business:**

12701 S. JOHN YOUNG PKWY  
202  
ORLANDO, FL 32837

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC9258626618**

**Current Mailing Address:**

12701 S.JOHN YOUNG PKWY  
202  
ORLANDO, FL 32837 US

**FEI Number: 26-3313740**

**Certificate of Status Desired: No**

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

FUENTES, MIGUEL  
12701 S. JOHN YOUNG PKWY  
202  
ORLANDO, FL 32837 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 FLORIDA INVEST CONSULTANTS  
CORP  
Address 8751 COMMODITY CIRCLE, SUITE 12  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name DELGADO, CARLOS A  
Address 8751 COMMODITY CIRCLE, SUITE 12  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name FUENTES, MIGUEL  
Address 12701 S. JOHN YOUNG PKWY  
202  
City-State-Zip: ORLANDO FL 32837

*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: MIGUEL FUENTES**

**MGRM**

**04/20/2017**

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

\_\_\_\_\_  
Date