

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104061

**Entity Name:** FLORINA, LLC

**Current Principal Place of Business:**

9222 OVERLOOK DR  
TAMPA, FL 33617

**Current Mailing Address:**

P.O. BOX 46476  
TAMPA, FL 33646

**FEI Number:** 26-3679957

**Certificate of Status Desired:** No

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

IRANMANESH, ALI  
9222 OVERLOOK DRIVE  
TAMPA, FL 33617 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, PRESIDENT

Name IRANMANESH, ALI

Address 9222 OVERLOOK DRIVE

City-State-Zip: TAMPA FL 33617

Title VP, AUTHORIZED MEMBER

Name IRANMANESH, EAMAN

Address 9222 OVERLOOK DR

City-State-Zip: TAMPA FL 33617

Title VP

Name MIRZALI, PARVIN

Address PO BOX 46476

City-State-Zip: TAMPA FL 33646

*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:** ALI IRANMANESH

P

03/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date