

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026240

**Entity Name:** FLORIDA FAMILY CONSIGNMENT, LLC

**Current Principal Place of Business:**

6006 SAWGRASS POINT DR  
PORT ORANGE, FL 32128

**Current Mailing Address:**

6006 SAWGRASS POINT DR  
PORT ORANGE, FL 32128 US

**FEI Number: 26-4520368**

**Certificate of Status Desired: No**

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

RIVERA, BARBARA  
6006 SAWGRASS POINT DR  
PORT ORANGE, FL 32128 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	MGRM
Name	RIVERA, BARBARA	Name	IGYARTO, SHERI
Address	6006 SAWGRASS POINT DR	Address	734 ROBERTS AVE
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	DELAND FL 32724

*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: BARBARA RIVERA**

**OWNER**

**03/03/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date