# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L09000053159

Entity Name: ALI K SEIF, CPA, LLC

### **Current Principal Place of Business:**

6827 SPRING RAIN DR. ORLANDO, FL 32819

# **Current Mailing Address:**

6827 SPRING RAIN DR. ORLANDO, FL 32819 US

# FEI Number: 27-0281608

### Name and Address of Current Registered Agent:

SEIF, ALI K 6827 SPRING RAIN DR ORLANDO, FL 32819 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

### Authorized Person(s) Detail :

Title MGRM Name SEIF, ALI K Address 6827 SPRING RAIN DR City-State-Zip: ORLANDO FL 32819

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 K SEIF	AMBR	01/04/2016
	Electronic Signature of Signing Authorized Person(s) Detail		Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 04, 2016 Secretary of State CC6984210154

Certificate of Status Desired: No

Date

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