

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054302

**Entity Name:** INFLAMACORE LIMITED LIABILITY COMPANY**Current Principal Place of Business:**9133 SW 78 PLACE  
MIAMI, FL 33156**Current Mailing Address:**9133 SW 78 PLACE  
MIAMI, FL 33156 US**FEI Number:** 27-1720526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENE & SANDERS, P.A.  
2333 BRICKELL AVENUE  
STE A-1  
MIAMI, FL 33129 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            | KEANE, ROBERT W  |
| Address         | 9133 SW 78 PLACE |
| City-State-Zip: | MIAMI FL 33156   |

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | MGRM                                    |
| Name            | DE RIVERO VACCARI, JUAN PABLO           |
| Address         | 13951 SOUTHWEST 66TH STREET<br>APT. 406 |
| City-State-Zip: | MIAMI FL 33183                          |

|                 |                          |
|-----------------|--------------------------|
| Title           | MGRM                     |
| Name            | DIETRICH, W. DALTON W    |
| Address         | 720 NW 69TH STREET<br>8N |
| City-State-Zip: | MIAMI FL 33138           |

|                 |                          |
|-----------------|--------------------------|
| Title           | MGRM                     |
| Name            | BRAMLETT, HELEN M        |
| Address         | 720 NE 69TH STREET<br>8N |
| City-State-Zip: | MIAMI FL 33138           |

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:** ROBERT W. KEANE

CSO

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date