

2015 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 33136**Current Mailing Address:**9133 SW 78 PLACE
MIAMI, FL 33136 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 33136

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

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

Title	MGRM
Name	BRAMLETT, HELEN M
Address	720 NE 69TH STREET 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

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date