

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000009227

**Entity Name:** ULTIMA ENTERPRISES OF FLORIDA, LLC.

**Current Principal Place of Business:**

6567 PATRICIA DR.  
C/O UTE D. HARTMANN  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

319 SARTO AVE  
C/O MATTHEW HARTMANN  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HARTMANN, MATTHEW  
319 SARTO AVE  
CORAL GABLES, FL 33134 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	MGR	Title	MGR
Name	HARTMANN, UTE	Name	HARTMANN, MATTHEW
Address	6567 PARTICIA DR.	Address	319 SARTO AVE
City-State-Zip:	WEST PALM BEACH FL 33413	City-State-Zip:	CORAL GABLES FL 33134

*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:** MATTHEW HARTMANN

**MEMBER**

**04/25/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date