### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080642

Entity Name: SAFA BATRES LLC

Feb 14, 2017 Secretary of State CC8773969404

**FILED** 

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

5 CHIPPINGWOOD LANE

5

ORMOND BEACH, FL 32176

# **Current Mailing Address:**

**5 CHIPPINGWOOD LANE** 

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ORMOND BEACH, FL 32176 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

NO FRILLS ACCOUNTING LLC 906 KINGSPORT CT HOLLY HILL, FL 32117 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 BATRES, SAFA

Address 5 CHIPPINGWOOD LANE

5

City-State-Zip: ORMOND BEACH FL 32176

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: SAFA BATRES OWNER 02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date