

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080642

**Entity Name:** SAFA BATRES LLC

**Current Principal Place of Business:**

5 CHIPPINGWOOD LANE  
5  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

5 CHIPPINGWOOD LANE  
5  
ORMOND BEACH, FL 32176 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**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

S C LLC

04/27/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date