

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000121189

**Entity Name:** FLANIAL, L.L.C.**Current Principal Place of Business:**7660 SW 83 COURT  
MIAMI, FL 33143**Current Mailing Address:**7660 SW 83 COURT  
MIAMI, FL 33143 US**FEI Number:** 46-0525744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAUDIA CZETYRKO CPA PA  
7660 SW 83 COURT  
MIAMI, FL 33143 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
Name	GHELMAN, JAIME
Address	2031 NE 214 STREET
City-State-Zip:	MIAMI FL 33179

Title	MGR
Name	LICHTMAN, SILVIA
Address	2031 NE 214 STREET
City-State-Zip:	MIAMI FL 33179

Title	MGR
Name	GHELMAN, NICOLE
Address	2031 NE 214 STREET
City-State-Zip:	MIAMI FL 33179

Title	MGR
Name	GHELMAN, FLAVIA
Address	2031 NE 214 STREET
City-State-Zip:	MIAMI FL 33179

Title	MGR
Name	GHELMAN, ALAN
Address	2031 NE 214 STREET
City-State-Zip:	MIAMI FL 33179

*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:** ALAN GHELMAN

MGR

04/21/2014

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