

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084082

**Entity Name:** SECNARF LLC

**Current Principal Place of Business:**

11110CARAVEL CIRCLE  
UNIT #305  
FORT MYERS, FL 33908

**Current Mailing Address:**

C/O KAREN SNEIRSON  
6 WING ROAD  
NEW CANAAN, CT 06840

**FEI Number:** 45-2841616

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEMS  
1200 SO PINE ISLAND RD  
PLANTATION, FL 33324 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 SNEIRSON, KAREN Z  
Address 6 WING ROAD  
City-State-Zip: NEW CANAAN CT 06840

*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:** KAREN Z. SNEIRSON

MRS.

01/30/2015

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

\_\_\_\_\_  
Date