## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000054819 Entity Name: MEGRINE, LLC

Jan 15, 2014 **Secretary of State** CC4293903795

**FILED** 

# **Current Principal Place of Business:**

6595 SAN JUAN AVENUE APT 77

JACKSONVILLE, FL 32210

## **Current Mailing Address:**

6595 SAN JUAN AVENUE **APT 77** JACKSONVILLE, FL 32210 US

FEI Number: 45-5340333 Certificate of Status Desired: No

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

STIEFEL, JOHN RJR. 1 INDEPENDENT DRIVE **SUITE 2301** JACKSONVILLE, FL 32202 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 ZOGHLAMI, IMAD

6595 SAN JUAN AVENUE Address

**APT 77** 

City-State-Zip: JACKSONVILLE FL 32210

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.

01/15/2014 SIGNATURE: IMAD ZOGHLAMI **OWNER**