

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000038168

**Entity Name:** FLORIDA MINE LLC

**Current Principal Place of Business:**

160 W CAMINO REAL  
SUITE  
BOCA RATON, FL 33432

**Current Mailing Address:**

160 W CAMINO REAL  
SUITE 288  
BOCA RATON, FL 33432 US

**FEI Number:** 98-1096692

**Certificate of Status Desired:** No

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

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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            AMBR  
Name            GROISELEAU, DELPHINE  
Address        160 W CAMINO REAL SUITE # 288  
City-State-Zip: BOCA RATON FL 33432

Title            AMBR  
Name            GARNIER, LOUISE  
Address        160 W CAMINO REAL SUITE # 288  
City-State-Zip: BOCA RATON FL 33432

Title            AMBR  
Name            GARNIER, PIERRE  
Address        160 W CAMINO REAL SUITE # 288  
City-State-Zip: BOCA RATON FL 33432

Title            MGR  
Name            SPARING PARTNERS INC  
Address        299 WEST CAMINO GARDENS BLVD,  
                  SUITE 200  
City-State-Zip: BOCA RATON FL 33432

*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:** GROISELEAU , DELPHINE

AMBR

04/22/2014

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

\_\_\_\_\_  
Date