

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000084918

Entity Name: FLOURISH CENTRE LLC

Current Principal Place of Business:

895 FOX VALLEY DR.
129
LONGWOOD, FL 32779

Current Mailing Address:

895 FOX VALLEY DR
129
LONGWOOD, FL 32779 US

FEI Number: 46-3351753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESLEY, PAMELA
895 FOX VALLEY DR
129
LONGWOOD, FL 32779 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 CHAPMAN, CHRISTINA
Address 895 FOX VALLEY DR
129
City-State-Zip: LONGWOOD FL 32779

Title MGRM
Name WESLEY, PAM
Address 895 FOX VALLEY DR
129
City-State-Zip: LONGWOOD FL 32779

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: PAM WESLEY

OWNER

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date