

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000155641

**Entity Name:** CONAL, LLC

**Current Principal Place of Business:**

1279 86TH AVE N  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

1279 86TH AVE N  
ST PETERSBURG, FL 33702 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BLAXBERG & ASSOCIATES, P.A.  
2047 5TH AVE N  
ST PETERSBURG, FL 33713 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 GIRARD, VALMORE  
Address 1279 86TH AVE N  
City-State-Zip: ST PETERSBURG FL 33702

Title MGRM  
Name GIRARD, SHIRLEY  
Address 1279 86TH AVE N  
City-State-Zip: ST ETERSBURG FL 33713

*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:** VALMORE GIRARD

**MANAGING MEMBER**

**04/22/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date