

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000068111

**Entity Name:** FRANCE FLORIDE MANAGEMENT LLC

**Current Principal Place of Business:**

7900 COLONY CIRCLE SOUTH  
BUILDING 14, APT 205  
TAMARAC, FL 33321

**Current Mailing Address:**

7900 COLONY CIRCLE SOUTH  
BUILDING 14, APT 205  
TAMARAC, FL 33321 US

**FEI Number:** 35-2507354

**Certificate of Status Desired:** No

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

ROLLE, PIERRE LUC P MR  
7900 COLONY CIRCLE SOUTH  
BUILDING 14, APT 205  
TAMARAC, FL 33321 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 ROLLE, PIERRE LUC P MR  
Address 7900 COLONY CIRCLE SOUTH  
BUILDING 14, APT 205  
City-State-Zip: TAMARAC FL 33321

Title MGR  
Name ROLLE, ANNIE A MRS  
Address 7900 COLONY CIRCLE SOUTH  
BUILDING 14, APT 205  
City-State-Zip: TAMARAC FL 33321

*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:** PIERRE LUC ROLLE

**MGR**

**03/23/2016**

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

\_\_\_\_\_  
Date