

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000091501

Entity Name: ATLANTIC FLORIST LLC

Current Principal Place of Business:

2434 ATLANTIC BLVD
JACKSONVILLE, FL 32207

Current Mailing Address:

2434 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

FEI Number: 47-1077394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, JANET K CPA
5300 EMERSON ST
STE 1
JACKSONVILLE, FL 32207 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 ADLER, GARY E
Address 2434 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32207

Title MBR
Name WILLIAMS, BERT A JR
Address 3837 SOUTHSIDE BLVD
City-State-Zip: JACKSONVILLE FL 32216

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: BERT WILLIAMS

PARTNER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date