

**2016 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

**MEMBER**

**03/07/2016**

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

\_\_\_\_\_  
Date