

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000128461

**Entity Name:** FLOVAL LLC

**Current Principal Place of Business:**

8151 NW 107 CT  
DORAL, FL 33178

**Current Mailing Address:**

8151 NW 107 CT  
DORAL, FL 33178 US

**FEI Number:** 47-1658417

**Certificate of Status Desired:** No

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

FLORES, MANUEL EDUARDO  
8151 NW 107 CT  
DORAL, FL 33178 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:** MANUEL EDUARDO FLORES

04/24/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name VALDERRAMA, MARIA A  
Address 8151 NW 107 CT  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name FLORES, MANUEL E  
Address 8151 NW 107 CT  
City-State-Zip: DORAL FL 33178

*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:** MARIA ANDREINA VALDERRAMA

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date