

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000132986

**Entity Name:** FLARISTAN LLC

**Current Principal Place of Business:**

411 WOODHURST DR  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

PO BOX 322  
STOWE, VT 05672

**FEI Number:** 47-1674033

**Certificate of Status Desired:** No

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

WILLIAM, ANNA CONE R  
411 WOODHURST DR  
PONTE VEDRA, FL 32081 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 ANNA CONE, WILLIAM R  
Address 115 PARK ST #7  
City-State-Zip: STOWE VT 05672

*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:** WILLIAM ANNA CONE

MGR

03/11/2016

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

\_\_\_\_\_ Date