

2017 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

MNGR

03/23/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date