

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000164339

Entity Name: 360 GIFTS, LLC**Current Principal Place of Business:**6169 WESTWOOD BOULEVARD
ORLANDO, FL 32836**Current Mailing Address:**6169 WESTWOOD BOULEVARD
ORLANDO, FL 32836 US**FEI Number:** 47-2145763**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DREEV, MAXIM
6169 WESTWOOD BOULEVARD
ORLANDO, FL 32836 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	MGRM
Name	DREEV, MAXIM
Address	8040 GOLDEN SANDS DRIVE
City-State-Zip:	ORLANDO FL 32819
Title	MGRM
Name	ALLEN, SCOTT
Address	1211 GULF OF MEXICO DRIVE #411
City-State-Zip:	LONGBOAT KEY FL 34228

Title	MGRM
Name	NIKITIN, ALEXEY
Address	8744 BRISTOL PARK DRIVE
City-State-Zip:	ORLANDO FL 32836
Title	MGRM
Name	ALLEN, JENNIFER
Address	1211 GULF OF MEXICO DRIVE #411
City-State-Zip:	LONGBOAT KEY FL 34228

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: ALEXEY NIKITIN

MGRM

02/02/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date