

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000177901

**Entity Name:** FLORACRED LLC

**Current Principal Place of Business:**

807 TRAILBLAZE  
IRVINE, CA 92618

**Current Mailing Address:**

807 TRAILBLAZE  
IRVINE, CA 92618 US

**FEI Number:** 47-3263268

**Certificate of Status Desired:** Yes

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

DAWOOD, ASHRAF  
10418 N ALTMAN ST.  
TAMPA, FL 33612 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	AMBR	Title	MANAGER/AUTHORIZED MEMBER
Name	DAWOOD, ASHRAF	Name	AL DULAIMI, NIDHAL
Address	807 TRAILBLAZE	Address	807 TRAILBLAZE
City-State-Zip:	IRVINE CA 92618	City-State-Zip:	IRVINE CA 92618

*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:** DAWOOD, ASHRAF

**MANAGER**

**02/04/2024**

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

\_\_\_\_\_  
Date