

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000177901

Entity Name: FLORACRED LLC

Current Principal Place of Business:

10701 CONNECHUSETT DR
TAMPA, FL 33617

Current Mailing Address:

10701 CONNECHUSETT DR
TAMPA, FL 33617

FEI Number: 47-3263268

Certificate of Status Desired: No

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	MGRM	Title	MGRM
Name	YOUSIEF, ALI H	Name	DAWOOD, ASHRAF
Address	10701 N CONNECHUSETT RD.	Address	10418 N ALTMAN ST.
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33612

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: ALI H YOUSIEF

DIRECTOR MANAGER

03/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date