

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000177901

Entity Name: FLORACRED LLC

Current Principal Place of Business:

10418 N ALTMAN STREET
TAMPA, FL 33612

Current Mailing Address:

10418 N ALTMAN STREET
TAMPA, FL 33612 US

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 AMBR
Name DAWOOD, ASHRAF
Address 10418 N ALTMAN ST.
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: ASHRAF DAWOOD

AMBR

04/23/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date