

**2016 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:** 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            PRESIDENT  
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

**PRESIDENT**

**02/23/2016**

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

\_\_\_\_\_ Date