## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000105975

Entity Name: AFLOWER, LLC

## **Current Principal Place of Business:**

1320 PEACH ST.

APOPKA, FL 32703

**Current Mailing Address:** 

1320 PEACH ST.

APOPKA, FL 32703 US

FEI Number: 47-4354498 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NGUYEN, HIEP 517 HIBISCUS PL ORLANDO, FL 32807 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.

Title

Name

Address

City-State-Zip:

**MGRM** 

NGUYEN, HIEP

517 HIBISCUS PL

ORLANDO FL 32807

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Feb 10, 2017

**Secretary of State** 

CC6315806604

Authorized Person(s) Detail:

Title MGRM

TRUONG, HAI

1320 PEACH ST.

APOPKA FL 32703 City-State-Zip:

**MGRM** 

Name

Title

Name

Address

TRUONG, TAMMY

Address

1320 PEACH ST

City-State-Zip:

APOPKA FL 32703

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: HIEP NGUYEN Electronic Signature of Signing Authorized Person(s) Detail CO OWNER

02/10/2017

Date