

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000106292

**Entity Name:** ILUMENFI, LLC

**Current Principal Place of Business:**

5620 CYPRESS RD.  
SUNRISE, FL 33317

**Current Mailing Address:**

5620 CYPRESS RD.  
SUNRISE, FL 33317 US

**FEI Number:** 47-4729971

**Certificate of Status Desired:** No

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

TAPIA, VICTOR M  
6780 SW 185 WAY  
SOUTHWEST RANCHES, FL 33332 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:** VICTOR TAPIA

04/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KELLIER, LEDGER  
Address 5620 CYPRESS RD.  
City-State-Zip: SUNRISE FL 33317

Title AMBR  
Name TAPIA, VICTOR M  
Address 6780 SW 185TH WAY  
City-State-Zip: SOUTHWEST RANCHES FL 33332

*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:** LEDGER KELLIER

MEMBER

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date