

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000143173

Entity Name: TELAFLOWER LLC

Current Principal Place of Business:

952 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225

Current Mailing Address:

952 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225 US

FEI Number: 47-4906250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROGOF, MICHELLE
952 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225 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 ROGOF, MORAN
Address 12154 NARROWLEAF CT
City-State-Zip: JACKSONVILLE FL 32225

Title MGR
Name ROGOF, MICHELLE
Address 12154 NARROWLEAF CT
City-State-Zip: JACKSONVILLE FL 32225

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: MICHELLE ROGOF

OWNER

02/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date