

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000097567

Entity Name: FLORIGAN ENTERPRISES, LLC**Current Principal Place of Business:**499 MARGATE
MARATHON, FL 33050**Current Mailing Address:**20943 7TH AVENUE WEST
CUDJOE KEY, FL 33042**FEI Number: 81-2778643****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RONEY, KIM D
20943 7TH AVENUE WEST
CUDJOE KEY, FL 33042 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	MGR
Name	DAVIES, GREG R
Address	41253 CLAIRPOINTE
City-State-Zip:	HARRISON TWP. MI 48045

Title	MGR
Name	DAVIES, DAN R
Address	20943 7TH AVE WEST
City-State-Zip:	CUDJOE KEY FL 33042

Title	MGR
Name	BERMAN, LYNN
Address	350 NORTH MAIN STREET. UNIT 801
City-State-Zip:	ROYAL OAK MI 48067

Title	MGR
Name	WOCHASKI, CHRIS
Address	1131 OCEAN DRIVE
City-State-Zip:	SUMMERLAND KEY FL 33042

Title	AMBR
Name	RONEY, KIM D
Address	20943 7TH AVE WEST
City-State-Zip:	CUDJOE KEY FL 33042

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: KIM D. RONEY**MGR MEMBER****04/21/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date