

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000906

**Entity Name:** SAFARA ASSOCIATES LLC**Current Principal Place of Business:**235 APOLLO BEACH BLVD.  
#212  
APOLLO BEACH, FL 33572**Current Mailing Address:**57 SOUTH MAIN STREET  
#202  
NEPTUNE, NJ 07753 US**FEI Number:** 20-1467604**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MARK WILLIAMS

09/11/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name CARMACK, ROBERT  
Address 235 APOLLO BEACH BLVD. #212  
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT  
Name CARMACK, ROBERT  
Address 235 APOLLO BEACH BLVD. #212  
City-State-Zip: APOLLO BEACH FL 33572

Title VICE-PRESIDENT  
Name CARMACK, ROBERT  
Address 235 APOLLO BEACH BLVD. #212  
City-State-Zip: APOLLO BEACH FL 33572

Title SECRETARY  
Name CARMACK, ROBERT  
Address 235 APOLLO BEACH BLVD. #212  
City-State-Zip: APOLLO BEACH FL 33572

Title TREASURER  
Name CARMACK, ROBERT  
Address 235 APOLLO BEACH BLVD. #212  
City-State-Zip: APOLLO BEACH FL 33572

*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:** ROBERT CARMACK

MEMBER

09/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date