

**2015 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:**

235 APOLLO BEACH BLVD.

#212

APOLLO BEACH, FL 33572 US

**FEI Number:** 20-1467604**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED

515 E. PARK AVENUE

TALLAHASSEE, FL 32301 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

03/04/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name CARMACK, ROBERT  
Address 9 E. LOOCKERMAN ST. SUITE 205  
City-State-Zip: DOVER DE 19901

Title PRESIDENT  
Name CARMACK, ROBERT  
Address 9 E. LOOCKERMAN ST. SUITE 205  
City-State-Zip: DOVER DE 19901

Title VICE-PRESIDENT  
Name CARMACK, ROBERT  
Address 9 E. LOOCKERMAN ST. SUITE 205  
City-State-Zip: DOVER DE 19901

Title SECRETARY  
Name CARMACK, ROBERT  
Address 9 E. LOOCKERMAN ST. SUITE 205  
City-State-Zip: DOVER DE 19901

Title TREASURER  
Name CARMACK, ROBERT  
Address 9 E. LOOCKERMAN ST. SUITE 205  
City-State-Zip: DOVER DE 19901

*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

MGRM

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date