

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004028

Entity Name: THE FLORIDA ALLIGATOR COMPANY LLC**Current Principal Place of Business:**13715 NW COUNTY ROAD 225
STARKE, FL 32091**Current Mailing Address:**13715 NW COUNTY ROAD 225
STARKE, FL 32091**FEI Number:** 32-0410424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGRM
Name	STARKE HOLDING LLC
Address	1317 NORTHWEST COUNTY RD 225
City-State-Zip:	STARKE FL 23091

Title	GENERAL MANAGER
Name	DINGLER, BRIAN
Address	13715 NW COUNTY ROAD 225
City-State-Zip:	STARKE FL 32091

Title	TREASURER
Name	ACESTE, CLAIRE
Address	19 EAST 57TH STREET C/O LVMH MOET HENNESSY LOUIS VUITTON INC. FOURTH FL.
City-State-Zip:	NEW YORK NY 10022

Title	VICE PRESIDENT
Name	JOHNSON, MAUREEN
Address	19 EAST 57TH STREET C/O LVMH MOET HENNESSY LOUIS VUITTON INC. FOURTH FL.
City-State-Zip:	NEW YORK NY 10022

Title	SECRETARY
Name	FIRESTONE, LOUISE
Address	19 EAST 57TH STREET C/O LVMH MOET HENNESSY LOUIS VUITTON INC. FIFTH FL.
City-State-Zip:	NEW YORK NY 10022

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: LOUISE FIRESTONE**SECRETARY****01/09/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date