

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013405

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC2256958315**

**Entity Name:** SELECT FLORAL OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

130 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

130 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984

**FEI Number:** 42-1611423

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATEER, SCOTT  
130 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984 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:** SCOTT MATEER

03/02/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COOMBS, CONNEE W  
Address 172 N.E. TWYLITE TER.  
City-State-Zip: PORT ST. LUCIE FL 34983

Title CFO  
Name MATEER, TAMI A  
Address 130 SW PORT ST LUCIE BLVD  
City-State-Zip: PORT ST LUCIE FL 34984

Title MANAGER  
Name MATEER, SCOTT  
Address 130 SW PORT ST LUCIE BLVD  
City-State-Zip: PORT ST LUCIE FL 34984

*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:** SCOTT MATEER

MANAGER

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date