

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019790

**Entity Name:** FLORAL ACRES, L.L.C.**Current Principal Place of Business:**12440 SOUTH  
STATE RD 7  
BOYNTON BEACH, FL 33437-4722**Current Mailing Address:**PO BOX 480519  
DELRAY BEACH, FL 33448**FEI Number:** 03-0376376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSACKER, PATRICK  
12440 SOUTH STATE RD. 7  
BOYNTON BEACH, FL 33473 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            | ROSACKER, PATRICK       |
| Address         | 12440 SOUTH STATE RD. 7 |
| City-State-Zip: | BOYNTON BEACH FL 33437  |

|                 |                         |
|-----------------|-------------------------|
| Title           | MEMBER                  |
| Name            | ROSACKER , ARTHUR       |
| Address         | 12440 SOUTH STATE RD. 7 |
| City-State-Zip: | BOYNTON BEACH FL 33437  |

|                 |                             |
|-----------------|-----------------------------|
| Title           | MEMBER                      |
| Name            | ROSACKER, SUZANNA H         |
| Address         | 12440 SOUTH<br>STATE RD 7   |
| City-State-Zip: | BOYNTON BEACH FL 33437-4722 |

*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:** PATRICK ROSACKER

MGR

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date