## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008473

Entity Name: CLOVERLEAF FLORIDA, LLC

**Current Principal Place of Business:** 

3298 OLDE HAMPTON ROAD WELLINGTON, FL 33414

## **Current Mailing Address:**

833 MADISON AVENUE SUITE 3-A NEW YORK, NY 10021

FEI Number: 20-0691422 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GALLE, CRAIG TESQ. 13501 SOUTH SHORE BOULEVARD SUITE 103 WELLINGTON, FL 33414 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

**FILED** Feb 09, 2013

**Secretary of State** 

CC6980393890

## Authorized Person(s) Detail:

Title **MGRM** 

Name GOUTAL, JEAN M

833 MADISON AVENUE, SUITE 3-A Address

City-State-Zip: NEW YORK NY 10021

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail