

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025716

**Entity Name:** FLORESENCE LLC

**Current Principal Place of Business:**

7027 WEST BROWARD BLVD  
SUITE 296  
PLANTATION, FL 33317

**Current Mailing Address:**

7027 WEST BROWARD BLVD  
SUITE 296  
PLANTATION, FL 33317 US

**FEI Number:** 36-4570550

**Certificate of Status Desired:** No

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

FERGUSON, LYTTLETON L  
6101 NORTH WEST 16TH COURT  
SUNRISE, FL 33313 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 FERGUSON, LYTTLETON L  
Address 6101 NORTH WEST 16TH COURT  
City-State-Zip: SUNRISE FL 33313

Title MGR  
Name FERGUSON, JENELPHA E  
Address 6101 NORTH WEST 16TH COURT  
City-State-Zip: SUNRISE FL 33313

Title MGRM  
Name FERGUSON, LYTTLETON L. JR.  
Address 6101 NW 16TH COURT  
City-State-Zip: SUNRISE FL 33313

*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:** JENELPHA FERGUSON

**ADMINISTRATOR**

**04/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date