

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081702

Entity Name: FLACONDORLIN LLC

Current Principal Place of Business:

C/O KAREN J. ORLIN, 2655 LE JEUNE ROAD
SUITE 500
CORAL GABLES, FL 33134

Current Mailing Address:

C/O KAREN J. ORLIN, P. O. BOX 430620
MIAMI, FL 33243 US

FEI Number: 26-3244068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORLIN, KAREN J
C/O KAREN J. ORLIN, 2655 LE JEUNE ROAD
SUITE 500
CORAL GABLES, FL 33134 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	Title	MGR
Name	ORLIN, KAREN J	Name	ORLIN, GLENN S
Address	P. O. BOX 430620	Address	4608 SLEAFORD ROAD
City-State-Zip:	MIAMI FL 33243	City-State-Zip:	BETHESDA MD 20814

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: KAREN J. ORLIN

MANAGER

01/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date