

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113663

**Entity Name:** 644F FLORIDA LLC

**Current Principal Place of Business:**

644 FLORIDA AVENUE  
UNIT F  
PANAMA CITY, FL 32401

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC2204519750**

**Current Mailing Address:**

PO BOX 203  
PRAY, MT 59065

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

HARPER, HARRY  
1138 JENKS AVENUE  
PANAMA CITY, FL 32401 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 MGRM  
Name RUSSO, DAVID  
Address P.O. BOX 203  
City-State-Zip: PRAY MT 59065

Title MGRM  
Name RUSSO, HELEN  
Address P.O. BOX 203  
City-State-Zip: PRAY MT 59065

Title MGRM  
Name RUSSO, JOY  
Address P.O. BOX 203  
City-State-Zip: PRAY MT 59065

*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: DAVID RUSSO**

**MGRM**

**03/19/2014**

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

\_\_\_\_\_  
Date