

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000008710

**Entity Name:** ARMANDO FLORES III, LLC

**Current Principal Place of Business:**

16910 IVY LAKE DRIVE  
ODESSA, FL 33556

**Current Mailing Address:**

16910 IVY LAKE DRIVE  
ODESSA, FL 33556 US

**FEI Number:** 30-0600520

**Certificate of Status Desired:** No

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

FLORES, ARMANDO III  
16910 IVY LAKE DRIVE  
ODESSA, FL 33556 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 FLORES, ARMANDO III  
Address 16910 IVY LAKE DRIVE  
City-State-Zip: ODESSA FL 33556

Title MGRM  
Name FLORES, ARMANDO  
Address 4015 CARROLLWOOD VILLAGE DRIVE  
City-State-Zip: TAMPA FL 33618

*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:** ARMANDO FLORES III

**MGRM**

**01/16/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date