

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030150

**Entity Name:** GENTAFICATION, LLC

**Current Principal Place of Business:**

314 S WASHINGTON BLVD  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 19319  
SARASOTA, FL 34276

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GENTA, RON  
4166 KEATS DRIVE  
SARASOTA, FL 34241 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            GENTA, RON  
Address        4166 KEATS DRIVE  
City-State-Zip: SARASOTA FL 34241

*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:** RON GENTA

**PRESIDENT**

**02/23/2015**

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

\_\_\_\_\_  
Date