

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000112713

**Entity Name:** UNITRANSFER FLORIDA, LLC

**Current Principal Place of Business:**

901 S. STATE ROAD 7, SUITE 215  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

901 S. STATE ROAD 7, SUITE 215  
HOLLYWOOD, FL 33023

**FEI Number:** 65-0827359

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name           EXUME, CLAUDE  
Address        901 S. STATE ROAD 7, SUITE 215  
City-State-Zip: HOLLYWOOD FL 33023

Title           MANAGER  
Name           CASTERA, ADRIEN JEAN-MARIE  
Address        901 S. STATE ROAD 7, SUITE 215  
City-State-Zip: HOLLYWOOD FL 33023

*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:** CLAUDE EXUME

**MANAGER**

**04/04/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date