

2016 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 MGR
Name EXUME, CLAUDE
Address 901 S. STATE ROAD 7, SUITE 215
City-State-Zip: HOLLYWOOD FL 33023

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

Title VP, COO
Name CHARLIER, ALIX
Address 901 S. STATE ROAD 7, SUITE 215
City-State-Zip: HOLLYWOOD FL 33023

Title VP, CFO
Name KERNISANT, FRANTZ
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: ALIX CHARLIER

VP, COO

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date