

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000019261

**Entity Name:** EUGENIC, LLC

**Current Principal Place of Business:**

129 143RD AVE. E  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

P.O. BOX 490  
ST. PETERSBURG, FL 33731

**FEI Number:** 46-4713174

**Certificate of Status Desired:** No

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

AMARI, RICHARD S  
317 RIVEREDGE BLVD  
SUITE 100  
COCOA, FL 32922 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 WILLIAMS, EUGENE  
Address 129 143RD AVE. E  
City-State-Zip: MADEIRA BEACH FL 33708

*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:** EUGENE WILLIAMS

MBR

04/25/2016

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

\_\_\_\_\_  
Date