

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000148628

**Entity Name:** INTERARM & ASSOC LLC

**Current Principal Place of Business:**

6997 LAKESIDE CIRCLE NORTH  
DAVIE, FL 33314

**Current Mailing Address:**

6997 LAKESIDE CIRCLE NORTH  
DAVIE, FL 33314

**FEI Number:** 47-1912646

**Certificate of Status Desired:** No

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

HARROLD, JOHN  
6997 LAKESIDE CIRCLE NORTH  
SUITE 100  
DAVIE, FL 33314 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 HARROLD, JOHN  
Address 6697 LAKESIDE CIRCLE NORTH  
City-State-Zip: DAVIE FL 33314

*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:** JOHN HARROLD

**MANAGER**

**03/02/2015**

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

\_\_\_\_\_  
Date