

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000105975

Entity Name: AFLOWER, LLC

Current Principal Place of Business:

1320 PEACH ST.
APOPKA, FL 32703

Current Mailing Address:

1320 PEACH ST.
APOPKA, FL 32703 US

FEI Number: 47-4354498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NGUYEN, HIEP
517 HIBISCUS PL
ORLANDO, FL 32807 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 TRUONG, HAI
Address 1320 PEACH ST.
City-State-Zip: APOPKA FL 32703

Title MGRM
Name NGUYEN, HIEP
Address 517 HIBISCUS PL
City-State-Zip: ORLANDO FL 32807

Title MGRM
Name TRUONG, TAMMY
Address 1320 PEACH ST
City-State-Zip: APOPKA FL 32703

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: HIEP NGUYEN

MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date