

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000180426

**Entity Name:** FLORIDEN LLC

**Current Principal Place of Business:**

3457 CENTRAL AVE  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

200 2ND AVE S #348  
ST PETERSBURG, FL 33701 UN

**FEI Number:** 37-1842212

**Certificate of Status Desired:** No

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

MORIN, HEATHER  
200 2ND AVE S #348  
ST PETERSBURG, FL 33701 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 AMBR  
Name LE SOLEIL LLC  
Address 200 2ND AVE S #348  
City-State-Zip: ST PETERSBURG FL 33701

Title AMBR  
Name DAVID L. HARLOR TRUST  
Address 7450 E 6TH AVE  
City-State-Zip: DENVER CO 80230

Title AMBR  
Name FLORENCE E HARLOR TRUST  
Address 7450 E 6TH AVE  
City-State-Zip: DENVER CO 80230

*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:** HEATHER MORIN

**OWNER**

**02/13/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date