



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov)



Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

File #: 0005988304

Date Filed: 11/19/2024 10:36:00 AM

Due no later than: 10/31/2024

**Annual Report: No filing fee if received by the due date.**

**SOS Control Number:** 246329  
Limited Liability Company (D)

**Filing Status:** Active-Existing  
**Date Formed:** 10/27/2008

**Formation Locale:** ID

**Name and Mailing Address:**  
FLORES PROPERTIES, LLC  
7503 W MAXWELL DR  
BOISE, ID 83704-8449

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**  
SANDRA E FLORES  
7503 W MAXWELL DR  
BOISE, ID 83704 (ADA COUNTY)

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sandra E Flores	7503 W. Maxwell Dr	Boise, ID 83704
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Francisco L Flores	Boise ID. 83704 Same as above	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Sandra E. Flores

(6) Date: 11/19/2024

(7) Type/Print Name: Sandra E. Flores

(8) Title: Managing member

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0962-0813 11/19/2024 10:36 AM Received by Office of the Idaho Secretary of State