

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014101

**Entity Name:** AMALIA'S FLORIST, LLC

**Current Principal Place of Business:**

1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573

**FEI Number:** 38-3777521

**Certificate of Status Desired:** No

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

REYES, LUIS M  
1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573 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 REYES, AMALIA  
Address 4103 CYPRESS POINT  
City-State-Zip: VALRICO FL 33596

Title MGR  
Name REYES, LUIS  
Address 4103 CYPRESS POINT  
City-State-Zip: VALRICO FL 33596

*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:** LUIS M REYES

**MGR**

**08/27/2019**

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

\_\_\_\_\_  
Date