

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022716

Entity Name: ANYNAMEIWANT LIMITED LIABILITY COMPANY**Current Principal Place of Business:**15807 BISCAYNE BLVD
#101
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**15807 BISCAYNE BLVD
#101
NORTH MIAMI BEACH, FL 33160 US**FEI Number:** 35-2456255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA INVEST INC
15807 BISCAYNE BLVD
#101
NORTH MIAMI BEACH, FL 33160 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:** ERIC AMSALLEM

04/15/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------------------|-----------------|--------------------------------------|
| Title | G-MGR | Title | G-MGR |
| Name | COHEN, DEDE | Name | COHEN, KEVYN MAURICE |
| Address | LE GRAND ST MARTIN LES COCOTIER 5 | Address | LE GRAND ST MARTIN LES COCOTIER 5 |
| City-State-Zip: | MARIGOT 97150 | City-State-Zip: | MARGOT 97150 |
| | | | |
| Title | G-MGR | | |
| Name | ANDREE CO, CHRISTEL LOUISE | | |
| Address | LE GRAND ST MARTIN LES COCOTIER 5 | | |
| City-State-Zip: | MARIGOT 97150 | | |

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: ANDREE CO , CHRISTEL LOUISE

G-MGR

04/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date