

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000055649

**Entity Name:** CONCEPT FLOWERS, LLC

**Current Principal Place of Business:**

16480 NW 48 AVE  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

16480 NW 48 AVE  
MIAMI LAKES, FL 33014 US

**FEI Number:** 26-2756647

**Certificate of Status Desired:** No

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

DUQUE, MAURICIO  
245 NE 14 ST  
# 2804  
MIAMI, FL 33132 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           | MGR                    | Title           | MGR                    |
| Name            | DUQUE, MAURICIO        | Name            | PEREZ, MONICA          |
| Address         | 245 NE 14TH ST<br>2804 | Address         | 245 NE 14TH ST<br>2804 |
| City-State-Zip: | MIAMI FL 33132         | City-State-Zip: | MIAMI FL 33132         |

*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:** MAURICIO DUQUE

**MANAGER**

**01/20/2024**

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

\_\_\_\_\_  
Date