

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000121189

**Entity Name:** FLANIAL, L.L.C.

**Current Principal Place of Business:**

9290 SW 72 ST STE 103  
MIAMI, FL 33173

**Current Mailing Address:**

9290 SW 72 ST STE 103  
MIAMI, FL 33173 US

**FEI Number:** 46-0525744

**Certificate of Status Desired:** No

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

CNC CERTIFIED PUBLIC ACCOUNTANT  
9290 SW 72 ST STE 103  
MIAMI, FL 33173 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:** CARLA CARRAI

04/21/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GHELMAN, JAIME  
Address 2031 NE 214 STREET  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name LICHTMAN, SILVIA  
Address 2031 NE 214 STREET  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name GHELMAN, NICOLE  
Address 2031 NE 214 STREET  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name GHELMAN, FLAVIA  
Address 2031 NE 214 STREET  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name GHELMAN, ALAN  
Address 2031 NE 214 STREET  
City-State-Zip: MIAMI FL 33179

*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:** ALAN GHELMAN

MGR

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date