

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000133428

Entity Name: TOMI TIPI LLC**Current Principal Place of Business:**1830 S OCEAN DR APT 1802
HALLANDALE BEACH, FL 33009**Current Mailing Address:**1830 S. OCEAN DR
1802
HALLANDALE BEACH, FL 33009 US**FEI Number:** 99-0371158**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSALES, ARIEH
1830 S OCEAN DR UNIT 1802
HALLANDALE BEACH, FL 33009 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:** ARIEH ROSALES

03/08/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------|
| Title | MGR |
| Name | ROSALES COHEN, ARIEH |
| Address | 1830 S OCEAN DR #1802 |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |
| Title | MANAGER |
| Name | ROSALES BENARROCH, MOISES |
| Address | 1830 S OCEAN DR APT 1802 |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |

| | |
|-----------------|-----------------------------|
| Title | MGR |
| Name | ROSALES BENARROCH, BENJAMIN |
| Address | 1830 S OCEAN DR 1802 |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |

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: ARIEH ROSALES COHEN

MANAGER

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date