

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140993

**Entity Name:** FLORAL FINANCING LLC

**Current Principal Place of Business:**

17701 BISCAYNE BLVD.  
SUITE 300  
AVENTURA, FL 33160

**Current Mailing Address:**

17701 BISCAYNE BLVD.  
SUITE 300  
AVENTURA, FL 33160 US

**FEI Number:** 45-4405409

**Certificate of Status Desired:** No

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

IFO REGISTERED AGENTS, LLC  
18305 BISCAYNE BOULEVARD  
SUITE 401  
AVENTURA, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	SABOGAL, DANIEL	Name	GUEJMAN, SEBASTIAN
Address	17701 BISCAYNE BLVD. SUITE 300	Address	17701 BISCAYNE BLVD. SUITE 300
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160

*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:** SEBASTIAN GUEJMAN

**MANAGER**

**01/07/2019**

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

\_\_\_\_\_  
Date