DOCUMENT# L11000142455

#### Entity Name: CROWD FAVORITE LLC

## Current Principal Place of Business:

16850 COLLINS AVE SUITE 112-499 SUNNY ISLES BEACH, FL 33179

# **Current Mailing Address:**

16850 COLLINS AVE SUITE 112-499 SUNNY ISLES BEACH, FL 33179 US

# FEI Number: 45-4145008

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

SCHRAM, LAWRENCE R 16850 COLLINS AVE SUITE 112-499 SUNNY ISLES BEACH, FL 33179 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	: LAWRENCE R SCHRAM		04/07/2021
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	SCHRAM, LAWRENCE R	Name	SCHRAM, MONICA T
Address	16850 COLLINS AVE SUITE 112-499	Address	16850 COLLINS AVE SUITE 112-499
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	MANAGER	Title	MANAGER
Name	SCHRAM, TIFFANY ROSE	Name	SCHRAM, BRUNO JT
Address	16850 COLLINS AVE SUITE 112-499	Address	16850 COLLINS AVE SUITE 112-499
City-State-Zip:	SUNNY ISLES BEACH FL 33179	City-State-Zip:	SUNNY ISLES BEACH 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: LAWRENCE R SCHRAM

MANAGER

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 07, 2021 Secretary of State 9096834943CC

Certificate of Status Desired: No