

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**Certificate of Status Desired:** No

**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

03/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SCHRAM, LAWRENCE R  
Address 16850 COLLINS AVE  
SUITE 112-499  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name SCHRAM, MONICA T  
Address 16850 COLLINS AVE  
SUITE 112-499  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER  
Name SCHRAM, TIFFANY ROSE  
Address 16850 COLLINS AVE SUITE 112-499  
City-State-Zip: SUNNY ISLES BEACH FL 33179

Title MANAGER  
Name SCHRAM, BRUNO JT  
Address 16850 COLLINS AVE SUITE 112-499  
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 SCHRAM

MANAGER

03/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date