## 2019 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 03/30/2019

Electronic Signature of Registered Agent

Date

**FILED** Mar 30, 2019

**Secretary of State** 

0311802609CC

Authorized Person(s) Detail :

Title MGRM Title **MGRM** 

SCHRAM, LAWRENCE R SCHRAM, MONICA T Name Name 16850 COLLINS AVE Address 16850 COLLINS AVE Address SUITE 112-499

SUITE 112-499

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title **MANAGER** 

Name SCHRAM, TIFFANY ROSE

16850 COLLINS AVE SUITE 112-499 Address 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

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

03/30/2019

Date