

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000065939

Entity Name: STROMS, LLC**Current Principal Place of Business:**7634 NW 6TH AVE.
BOCA RATON, FL 33487**Current Mailing Address:**7634 NW 6TH AVE.
BOCA RATON, FL 33487 US**FEI Number:** 45-5352568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UURANNIEMI, HEIDI H
7634 NW 6TH AVE.
BOCA RATON, FL 33487 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	MGRM
Name	STROM, KARIN B
Address	7634 NW 6TH AVE.
City-State-Zip:	BOCA RATON FL 33487

Title	MGRM
Name	STROM, KAJ C
Address	7634 NW 6TH AVE.
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	STROM, MIA
Address	7634 NW 6TH AVE.
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	STROM, RONI
Address	7634 NW 6TH AVE.
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	STROM-NEILE, KIRA
Address	7634 NW 6TH AVE.
City-State-Zip:	BOCA RATON FL 33487

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: KAJ STROM**MANAGER****04/25/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date