

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000093905

**Entity Name:** AEROGA MOVEMENT LLC

**Current Principal Place of Business:**

9465 ABBOTT AVE  
APT #1  
SURFSIDE , FL 33154

**Current Mailing Address:**

900 BITNER RD  
#G27  
PARK CITY, UT 84098 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LUVMEYOGA LLC  
163 N SHORE DRIVE #206  
MIAMI BEACH, FL 33141 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  
Name WRIGHT VLAUN, TRACIE  
Address 9465 ABBOTT AVE  
APT #1  
City-State-Zip: SURFSIDE FL 33154

Title AMBR  
Name VLAUN, CHRISTOPHER  
Address 163 N SHORE DRIVE #206  
City-State-Zip: MIAMI BEACH FL 33141

*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:** TRACIE WRIGHT VLAUN

**OWNER**

**04/30/2019**

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

\_\_\_\_\_  
Date