

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000013782

**Entity Name:** BOUCHER BROTHERS POMPANO BEACH, LLC

**Current Principal Place of Business:**

1451 OCEAN DR #205  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1451 OCEAN DR #205  
MIAMI BEACH, FL 33139 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WATTS-FITZGERALD, ABIGAIL C  
2800 PONCE DE LEON BLVD #1400  
CORAL GABLES, FL 33134 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            PRESIDENT, AUTHORIZED MEMBER  
Name            BOUCHER, JAMES R  
Address        1451 OCEAN DR #205  
City-State-Zip: MIAMI BEACH FL 33139

Title            AUTHORIZED MEMBER  
Name            BOUCHER, MICHAEL G  
Address        1451 OCEAN DR #205  
City-State-Zip: MIAMI BEACH FL 33139

Title            AUTHORIZED MEMBER  
Name            BOUCHER, STEVEN V  
Address        1451 OCEAN DR #205  
City-State-Zip: MIAMI BEACH FL 33139

Title            AUTHORIZED MEMBER  
Name            BOUCHER, PERRY A  
Address        1451 OCEAN DR #205  
City-State-Zip: MIAMI BEACH FL 33139

Title            CFO  
Name            CEDRATI, ADAM  
Address        1451 OCEAN DR #205  
City-State-Zip: MIAMI BEACH FL 33139

*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:** JAMES BOUCHER

**PRESIDENT**

**04/14/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date