#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000075190

Entity Name: WHOLEFAM, LLC

**FILED** Mar 06, 2019 **Secretary of State** 6838427545CC

### **Current Principal Place of Business:**

3801 NE 207 STREET

#604

AVENTURA, FL 33180

# **Current Mailing Address:**

3801 NE 207 STREET #604

AVENTURA, FL 33180 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

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

SOSA, HORACIO A 2924 DAVIE ROAD SUITE 102

DAVIE, FL 33314 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 Title MGR

Name DORIA, RAMON Name SERRATI DE DORIA, VIRGINIA 3801 NE 207 STREET, #604 3801 NE 207 STREET, #604 Address Address AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180 City-State-Zip:

Title MGR Title MGR

Name DORIA - SERRATI, FLAVIA DORIA - SERRATI, LUCIA Name

Address 3801 NE 207 STREET Address 3801 NE 207 STREET #604 #604

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180 City-State-Zip:

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.

03/06/2019 SIGNATURE: RAMON DORIA **MGR**