

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000075190

**Entity Name:** WHOLEFAM, LLC

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

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

Title MGR  
Name DORIA - SERRATI, LUCIA  
Address 3801 NE 207 STREET  
#604  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name DORIA - SERRATI, FLAVIA  
Address 3801 NE 207 STREET  
#604  
City-State-Zip: AVENTURA FL 33180

*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:** RAMON DORIA

**04/09/2018**

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

\_\_\_\_\_  
Date