

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000084959

**Entity Name:** NF TEAM MANAGEMENT LLC

**Current Principal Place of Business:**

2291 NW 48TH TERRACE  
UNIT 214  
FORT LAUDERDALE, FL 33313

**Current Mailing Address:**

2291 NW 48TH TERRACE  
UNIT 214  
FORT LAUDERDALE, FL 33313 US

**FEI Number:** 81-2517715

**Certificate of Status Desired:** No

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

KUTA, RAFAL  
2291 NW 48TH TERR  
UNIT 214  
FORT LAUDERDALE, FL 33313 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           | P                             | Title           | P                             |
| Name            | KUTA, RAFAL                   | Name            | MUCHA, JOANNA                 |
| Address         | 2291 NW 48TH TERRACE UNIT 214 | Address         | 2291 NW 48TH TERRACE UNIT 214 |
| City-State-Zip: | FORT LAUDERDALE FL 33313      | City-State-Zip: | FORT LAUDERDALE FL 33313      |

*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:** RAFAL KUTA

**PRESIDENT**

**04/28/2022**

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

\_\_\_\_\_  
Date