

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000116001

**Entity Name:** 2883627 FLORIDA LLC

**Current Principal Place of Business:**

322 BUCHANAN ST APT PH-A5  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

5500 MACDONALD AVE #1602  
COTE ST LUC QUEBEC H3X 2W5, CA

**FEI Number:** 81-3833223

**Certificate of Status Desired:** No

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

WILLNER, ROBIN I  
3500 MYSTIC POINTE DR #2208  
AVENTURA, FL 33180 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 BLICKER, NAOMI  
Address 5500 MACDONALD AVE #1602  
City-State-Zip: COTE ST LUC QUEBEC H3X 2W5

Title MGR  
Name BLICKER, SANDRA  
Address 5500 MACDONALD AVE #1602  
City-State-Zip: COTE ST LUC QUEBEC H3X 2W5

Title MGR  
Name BLICKER, STANLEY  
Address 5500 MACDONALD AVE #1602  
City-State-Zip: COTE ST LUC QUEBEC H3X 2W5

*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:** STANLEY BLICKER

MANAGER

01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date