

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000140556

Entity Name: RETAIL AND FRANCHISE NETWORKS LLC**Current Principal Place of Business:**6704 GARDEN AVENUE
WEST PALM BEACH, FL 33405**Current Mailing Address:**6704 GARDEN AVENUE
WEST PALM BEACH, FL 33405 US**FEI Number:** 61-1799592**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DFS AGENT, LLC
1760 N JOG ROAD
150
WEST PALM BEACH, FL 33411 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:** PATRICK DISALVO, CPA**04/27/2022**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	CHAVES , MONICA	Name	HOLCOMB, CHASE
Address	6704 GARDEN AVENUE	Address	6704 GARDEN AVENUE
City-State-Zip:	WEST PALM BEACH FL 33405	City-State-Zip:	WEST PALM BEACH FL 33405
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	DISCHINO, ALI	Name	NIELSEN, TORBEN
Address	1 CAMMACK DRIVE	Address	6704 GARDEN AVE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	WEST PALM BEACH FL 33405

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: TORBEN NIELSEN**AUTH REP****04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date