

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000204584

**Entity Name:** GIFTME FLOWERS LLC

**Current Principal Place of Business:**

3831 W VINE ST SUITE 123-125  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2402 MING CT  
KISSIMMEE, FL 34744 US

**FEI Number:** 81-4724464

**Certificate of Status Desired:** No

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

TORRES, AUROMELISSA  
2402 MING CT  
KISSIMMEE, FL 34744 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            OWNER  
Name            TORRES, AUROMELISSA  
Address        2402 MING CT  
City-State-Zip: KISSIMMEE FL 34744

*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:** AUROMELISSA TORRES

**PRESIDENT**

**04/12/2017**

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

\_\_\_\_\_ Date