# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000033768

Entity Name: HOPIST LLC

## **Current Principal Place of Business:**

15901 COLLINS AVE 403 SUNNY ISLES BEACH, FL 33160

## **Current Mailing Address:**

15901 COLLINS AVE 403 SUNNY ISLES BEACH, FL 33160 US

## FEI Number: NOT APPLICABLE

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

GUMUSYAZICI, MERVE 15901 COLLINS AVE 403 SUNNY ISLES BEACH, FL 33160 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.

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SIGNATURE	MERVE GUMUSYAZICI		04/28/2019	9
	Electronic Signature of Registered Agent		Date	_
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	UNSAL, HULYA	Name	US, PIRIL	
Address	15901 COLLINS AVE APT 403	Address	15901 COLLINS AVE APT 403	
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160	
Title	MGR			
Name	GUMUSYAZICI, MERVE			
Address	15901 COLLINS AVE APT 403			
City-State-Zip:	SUNNY ISLES BEACH FL 33160			

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: PIRIL US MACLENNAN

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No