

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000059633

**Entity Name:** HOFMANN, LLC

**Current Principal Place of Business:**

SCHMIDTHUTTE 21  
HAIGER, XX D-357-08

**Current Mailing Address:**

SCHMIDTHUTTE 21  
HAIGER, XX D-357-08 GE

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GALLE, CRAIG T  
13501 SOUTH SHORE BOULEVARD  
SUITE 103  
WELLINGTON, FL 33414 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	Title	MGR
Name	HOFMANN, PETRA	Name	HOFMANN, DIETRICH DR.
Address	SCHMIDTHUTTE 21	Address	SCHMIDTHUTTE 21
City-State-Zip:	HAIGER XX D-357-08	City-State-Zip:	HAIGER XX D-357-08

*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:** PETRA HOFMANN

**MGR**

**02/05/2021**

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

\_\_\_\_\_  
Date