

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000061049

**Entity Name:** FLOWER CHILD FLORIST LLC

**Current Principal Place of Business:**

18142 POWERLINE RD  
DADE CITY , FL 33523

**Current Mailing Address:**

18142 POWERLINE RD  
DADE CITY , FL 33523 US

**FEI Number:** 82-0869977

**Certificate of Status Desired:** No

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

FLOWER CHILD FLORIST  
18142 POWERLINE RD  
DADE CITY , FL 33523 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:** JORDAN MONBARREN

04/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MONBARREN-DOBBIE, JORDAN  
Address 18142 POWERLINE RD  
City-State-Zip: DADE CITY FL 33523

*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:** JORDAN MONBARREN-DOBBIE

MANAGER

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date