

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000025866

**Entity Name:** FLOWERTOPIA LLC

**Current Principal Place of Business:**

16629 SW 117 AVE  
MIAMI, FL 33177

**Current Mailing Address:**

16629 SW 117 AVE  
MIAMI, FL 33177 US

**FEI Number:** 82-4289509

**Certificate of Status Desired:** No

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

SANCHEZ, BELEN  
16629 SW 117 AVE  
MIAMI, FL 33177 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	VP	Title	P
Name	RECALDE, JOSE	Name	SANCHEZ, BELEN
Address	16629 SW 117 AVE	Address	16629 SW 117 AVE
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177

Title           MANAGER  
Name            RECALDE, ADRIAN  
Address         16629 SW 117 AVE  
City-State-Zip: MIAMI FL 33177

*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:** JOSE RECALDE

VP

03/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date