#### 2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000044829

Entity Name: DROP MY FEES LLC

FILED
Apr 22, 2020
Secretary of State
9622182181CC

# **Current Principal Place of Business:**

17100 NE 19TH AVENUE

C3

NORTH MIAMI BEACH, FL 33162

# **Current Mailing Address:**

17100 NE 19TH AVENUE

C3

NORTH MIAMI BEACH, FL 33162 US

FEI Number: 82-4597251 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

YOSEFI, GIL 17100 NE 19TH AVENUE C3

NORTH MIAMI BEACH, FL 33162 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: GIL YOSEFI 04/22/2020

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MANAGER
Name YOSEFI, GIL

Address 17100 NE 19TH AVENUE

C3

City-State-Zip: NORTH MIAMI BEACH FL 33162

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: GIL YOSEFI MANAGER 04/22/2020