

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000201580

**Entity Name:** HMG APP, LLC

**Current Principal Place of Business:**

999 BRICKELL AVE  
SUITE 840  
MIAMI, FL 33131

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**6156870160CC**

**Current Mailing Address:**

999 BRICKELL AVE  
SUITE 840  
MIAMI, FL 33131 US

**FEI Number:** 83-2257422

**Certificate of Status Desired:** No

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

HAUTE LIVING, INC  
999 BRICKELL AVE  
SUITE 840  
MIAMI, FL 33131 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            OWNER  
Name            HOTCHANDANI, KAMAL  
Address        999 BRICKELL AVE  
                  SUITE 840  
City-State-Zip: MIAMI FL 33131

*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:** KAMAL HOTCHANDANI

**PRESIDENT**

**03/07/2024**

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

\_\_\_\_\_  
Date