

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000268949

**Entity Name:** GABRIEL FLOWERS LLC

**Current Principal Place of Business:**

241 NE 45TH CT  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

241 NE 45TH CT  
POMPANO BEACH, FL 33064 UN

**FEI Number:** 82-3563152

**Certificate of Status Desired:** No

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

ARCOS, GABRIEL A SR  
241 NE 45TH CT  
POMPANO BEACH, FL 33064 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  
Name SALINAS, MAGDA  
Address 241 NE 45TH CT  
City-State-Zip: POMPANO BEACH FL 33064

Title AMBR  
Name ARCOS, GABRIEL A  
Address 241 NE 45TH COURT  
City-State-Zip: POMPANO BEACH FL 33064

*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:** GABRIEL ARCOS

AMBR

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date