

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000058401

**Entity Name:** AMKA FLOWER'S LLC

**Current Principal Place of Business:**

4860 S STATE RD 7  
SUITE : F  
DAVIE, FL 33314

**Current Mailing Address:**

4860 S STATE RD 7  
SUITE :F  
DAVIE, FL 33314 US

**FEI Number:** 84-4908176

**Certificate of Status Desired:** No

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

CRESPO, TOMAS  
4860 S STATE RD 7  
SUITE :F  
DAVIE, FL 33314 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	Title	MGR
Name	CRESPO, TOMAS	Name	CRESPO, JORGE
Address	4860 S STATE RD 7 SUITE :F	Address	4860 S STATE RD 7 SUITE : F
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314

*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:** TOMAS CRESPO

**OWNER**

**05/03/2021**

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

\_\_\_\_\_  
Date