

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000081481

**Entity Name:** FLOGCAP LLC**Current Principal Place of Business:**499 GOLDEN BEACH DR  
GOLDEN BEACH, FL 33160**Current Mailing Address:**499 GOLDEN BEACH DR  
GOLDEN BEACH, FL 33160**FEI Number:** 85-3553434**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALINA, JOSHUA R  
499 GOLDEN BEACH DR  
GOLDEN BEACH, FL 33160 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	MALINA, RUSSELL
Address	499 GOLDEN BEACH DR
City-State-Zip:	GOLDEN BEACH FL 33160

Title	MGR
Name	ALVAREZ, DANNY
Address	547 GOLDEN BEACH DRIVE
City-State-Zip:	GOLDEN BEACH FL 33160

Title	MGR
Name	ALVAREZ, SANDRA
Address	547 GOLDEN BEACH DRIVE
City-State-Zip:	GOLDEN BEACH FL 33160

Title	MGR
Name	YOUNG, JACQUELINE
Address	499 GOLDEN BEACH DR
City-State-Zip:	GOLDEN BEACH FL 33160

Title	MGR
Name	MALINA, JOSHUA
Address	499 GOLDEN BEACH DR
City-State-Zip:	GOLDEN BEACH FL 33160

*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:** JOSHUA MALINA**MANAGER****01/24/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date