

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000083451

**Entity Name:** VIKTORY FLIPS LLC

**Current Principal Place of Business:**

3820 NW 17TH ST  
GAINESVILLE, FL 32605

**Current Mailing Address:**

3820 NW 17TH ST  
GAINESVILLE, FL 32605 US

**FEI Number:** 85-0490120

**Certificate of Status Desired:** No

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

JIRACEK, VIKTOR  
3820 NW 17 ST  
GAINESVILLE, FL 32605 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            AMBR  
Name            JIRACEK, VIKTOR  
Address        3820 NW 17TH ST  
City-State-Zip: GAINESVILLE FL 32605

*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:** VIKTOR JIRACEK

**MEMBER**

**04/14/2023**

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

\_\_\_\_\_  
Date