

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000379313

Entity Name: ANFLODEFER LLC

Current Principal Place of Business:

1535 SW 97 WAY
DAVIE, FL 33324

Current Mailing Address:

1535 SW 97 WAY
DAVIE, FL 33324 US

FEI Number: 37-1992725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAGOL, NORAH
1535 SW 97 WAY
DAVIE, FL 33324 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 CIUCCI, FRENANDO P
Address 1535 SW 97 WAY
City-State-Zip: DAVIE FL 33324

Title MGR
Name FIDALGO, ANALIA V
Address 1535 SW 97 WAY
City-State-Zip: DAVIE FL 33324

Title MGR
Name CIUCCI, DELFINA
Address 1535 SW 97 WAY
City-State-Zip: DAVIE FL 33324

Title MGR
Name CIUCCI, FLORENCIA
Address 1535 SW 97 WAY
City-State-Zip: DAVIE FL 33324

Title MGR
Name SAGOL, NORAH
Address 1535 SW 97 WAY
City-State-Zip: DAVIE FL 33324

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: NORAH SAGOL

MGR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date