## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000379313

**Entity Name: ANFLODEFER LLC** 

1535 SW 97 WAY DAVIE. FL 33324

**Current Principal Place of Business:** 

**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

**FILED** Feb 04, 2022

**Secretary of State** 

6456591367CC

Authorized Person(s) Detail:

Title MGR Title MGR

CIUCCI, FRENANDO P Name FIDALGO, ANALIA V Name Address 1535 SW 97 WAY Address 1535 SW 97 WAY City-State-Zip: DAVIE FL 33324 City-State-Zip: DAVIE FL 33324

Title MGR Title MGR

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

Title MGR

SAGOL, NORAH Name 1535 SW 97 WAY Address 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** 

Electronic Signature of Signing Authorized Person(s) Detail

02/04/2022

Date