

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000042970

**Entity Name:** FLORIDAMADEMG LLC

**Current Principal Place of Business:**

300 NW 97TH ST  
MIAMI, FL 33150

**Current Mailing Address:**

PO BOX 350969  
JACKSONVILLE, FL 32235 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NOEL, WARREN  
300 NW 97TH ST  
MIAMI, FL 33150 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           MANAGER  
Name           NOEL, WARREN  
Address        300 NW 97TH ST  
City-State-Zip: MIAMI FL 33150

Title           MGR  
Name           VITAL, MARCELINE  
Address        300 NW 97TH ST  
City-State-Zip: MIAMI FL 33150

*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:** WARREN NOEL

**MANAGER**

**05/01/2024**

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

\_\_\_\_\_  
Date