

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000120773

Entity Name: FRAPPE MIAMI LLC**Current Principal Place of Business:**3171 NE 1ST AVE
MIAMI, FL 33127**Current Mailing Address:**19501 W COUNTRY CLUB DR APT TS6
AVENTURA, FL 33180 US**FEI Number:** 86-2828653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFSTATTER, FELIPE
19501 W COUNTRY CLUB DR APT TS6
AVENTURA, FL 33180 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 HOFSTATTER, FELIPE
Address 19501 W COUNTRY CLUB DR APT TS6
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name HOFSTATTER, ZHANNA
Address 19501 W COUNTRY CLUB DR APT TS6
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name HOFSTATTER, GABRIEL
Address 19501 W COUNTRY CLUB DR APT TS6
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name SCALISE, PASQUALE
Address 42803 KLONDIKE CT
City-State-Zip: ASHBURN VA 20148

Title AMBR
Name SCALISE, KRISTA
Address 42803 KLONDIKE CT
City-State-Zip: ASHBURN VA 20148

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: FELIPE L HOFSTATTER**MEMBER****03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date