

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000299170

**Entity Name:** FLURIISH LLC

**Current Principal Place of Business:**

10285 VIA COLOMBA CIR  
FORT MYERS, FL 33966

**Current Mailing Address:**

891 NW 85TH TERRACE  
1515  
PLANTATION, FL 33324

**FEI Number:** 87-1477069

**Certificate of Status Desired:** No

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

HINES, TOLLON A  
10285 VIA COLOMBA CIR  
FORT MYERS, FL 33966 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            PRES  
Name            HINES, TOLLON  
Address        10285 VIA COLOMBA CIR  
City-State-Zip: FORT MYERS FL 33966

Title            PTNR  
Name            COICOU, SOFIA  
Address        10285 VIA COLOMBA CIRCLE  
City-State-Zip: FORT MYERS FL 33966

Title            PTNR  
Name            HINES, DANIAN O  
Address        5013 IRON HORSE WAY  
City-State-Zip: AVE MARIA FL 34142

*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:** TOLLON HINES

**PRESIDENT**

**04/22/2022**

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

\_\_\_\_\_  
Date