#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000456417

**Entity Name: CREAMOON LLC** 

May 01, 2024 **Secretary of State** 4893626482CC

**FILED** 

### **Current Principal Place of Business:**

1645 LINTON LAKE DR

1645B

DELRAY BEACH, FL 33445

# **Current Mailing Address:**

1645 LINTON LAKE DR 1645B

DELRAY BEACH, FL 33445 US

FEI Number: 37-2028646 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ATACIK, ALI 1645 LINTON LAKE DR 1645B DELRAY BEACH, FL 33445 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:

MANAGER Title Title **AMBR** 

ATACIK, ALI USTUNER, ARIF Name Name

1645 LINTON LAKE DR Address 1645 LINTON LAKE DR Address

1645B 1645B

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

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.

05/01/2024 SIGNATURE: ALI ATACIK **MANAGER**