#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000359228

Entity Name: FACTOR BM LLC

FILED Feb 14, 2024 Secretary of State 3941564356CC

# **Current Principal Place of Business:**

501 GOLDEN ISLES DR. SUITE 203-A

HALLANDALE BEACH, FL 33009

# **Current Mailing Address:**

501 GOLDEN ISLES DR. SUITE 203-A

HALLANDALE BEACH, FL 33009 US

FEI Number: 88-3769543 Certificate of Status Desired: No

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

BECHERANO, SALVADOR 501 GOLDEN ISLES DR SUITE 203-A HALLANDALE BEACH, FL 33009 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 MGR Title MGR

Name BECHERANO, SALVADOR Name BECHERANO, GASTON

Address 501 GOLDEN ISLES DR STE 203-A Address 501 GOLDEN ISLES DR STE 203-A City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

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.