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.

CEO

SIGNATURE: DAIANA CASTRO

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent: DAMIAN, NICOLE

9379 NORTHWEST 24TH PLACE PEMBROKE PINES, FL 33024 US

City-State-Zip: PEMBROKE PINES FL 33024

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:

Authorized Person(s) Detail : Title CFO Title CEO DAMIAN, NICOLE Name Name CASTRO, DAIANA D 9379 NORTHWEST 24TH PLACE Address

FEI Number: APPLIED FOR

DOCUMENT# L23000268213

9379 NORTHWEST 24TH PLACE PEMBROKE PINES. FL 33024

Current Mailing Address:

Current Principal Place of Business:

9379 NORTHWEST 24TH PLACE PEMBROKE PINES. FL 33024 US

Electronic Signature of Registered Agent

2024	FLORIDA	LIMITED	LIABILITY	COMPANY	ANNUAL	REPORT

Entity Name: MEADOW BLOSSOMS FLORAL DESIGN LLC

FILED May 01, 2024 Secretary of State 0357192561CC

Certificate of Status Desired: No

Address 9379 NORTHWEST 24TH PLACE City-State-Zip: PEMBROKE PINES FL 33024

05/01/2024

Date

Date