

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000425275

**Entity Name:** MY PACKAGE FORWARDER LLC

**Current Principal Place of Business:**

5930 NW 99TH AVE  
UNIT 10  
DORAL, FL 33178

**Current Mailing Address:**

5930 NW 99TH AVE  
UNIT 10  
DORAL, FL 33178 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TREMMELE, AKOS  
439 15TH STREET APT 11  
MIAMI BEACH, FL 33139 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  
Name APPMANUFACT LLC  
Address 651 N BROAD STREET SUITE 206  
City-State-Zip: NEW CASTLE, DE 19709

*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:** TREMMEL AKOS

MR

04/30/2024

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

\_\_\_\_\_  
Date