

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000557480

**Entity Name:** FLOFISH LLC

**Current Principal Place of Business:**

8747 PINE BARRENS DR.  
ORLANDO, FL 32817

**Current Mailing Address:**

8747 PINE BARRENS DR.  
ORLANDO, FL 32817 US

**FEI Number:** 93-4979533

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            OWNER  
Name            TERRY, ETHAN R  
Address        8747 PINE BARRENS DR.  
City-State-Zip: ORLANDO FL 32817

Title            OWNER  
Name            SHAFRAN, ZEKE A  
Address        300 PALM LAKE CT  
City-State-Zip: LONGWOOD FL 32779

*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:** ETHAN TERRY

**OWNER**

**02/13/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date