

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008289

Entity Name: FLISHIGAN LLC**Current Principal Place of Business:**433 N. CAMDEN DR
SUITE 1070
BEVERLY HILLS, CA 90210**Current Mailing Address:**433 N. CAMDEN DR
SUITE 1070
BEVERLY HILLS, CA 90210 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MEMBER
Name BARTH, ROBERT K
Address 433 N. CAMDEN DR
SUITE 1070
City-State-Zip: BEVERLY HILLS CA 90210

Title MEMBER
Name WEINSTOCK, DARREN
Address 433 N. CAMDEN DR
SUITE 1070
City-State-Zip: BEVERLY HILLS CA 90210

Title MEMBER
Name MIZRAHI, MICHAEL
Address 433 N. CAMDEN DR
SUITE 1070
City-State-Zip: BEVERLY HILLS CA 90210

Title MEMBER
Name NEWS FINANCIAL, LLC
Address 433 N. CAMDEN DR
SUITE 1070
City-State-Zip: BEVERLY HILLS CA 90210

Title MANAGER
Name WEINSTOCK, DARREN
Address 433 N. CAMDEN DR
SUITE 1070
City-State-Zip: BEVERLY HILLS CA 90210

Title MANAGER
Name BARTH, ROBERT K
Address 433 N. CAMDEN DR
SUITE 1070
City-State-Zip: BEVERLY HILLS CA 90210

Title AUTHORIZED REPRESENTATIVE
Name TRUONG, VERONICA
Address 433 N. CAMDEN DR
SUITE 1070
City-State-Zip: BEVERLY HILLS CA 90210

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: VERONICA TRUONG**AUTHORIZED PERSON****02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date