

Amended
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002676

1. Entity Name

FLOW LLC

Principal Place of Business

**247 MIRACLE MILE
CORAL GABLES FL 33134**

Mailing Address

**247 MIRACLE MILE
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1125875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSSANO, SHARON
6422 COLLINS AVE
PH4
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **ROSSANO, Sharon**
Street Address (P.O. Box Number is Not Acceptable)
7950 Hawthorne Ave
Miami Beach
City **FL** Zip Code **33141**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due by September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	President			
	Sharon Rossano			
	7950 Hawthorne Ave MB			
	33141 FL.			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

9/1/02 (305) 444-3110

Daytime Phone #

09-09-2002 90005 038 *****50.00

FILED

02 DEC 26 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

MMJ

CR2E083 (4/02)