# K150000002920

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000398936150

12/19/22--01018--012 \*\*25.00

A. EUILER

MAR - 4 2023

## **COVER LETTER**

Division of Corporations				
SUBJECT: ANNIE MANIN Name of Lim	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Name of Person  ANNIE MANIN IIC  Firm/Company  151 N. NOB HILL RD -  Address  PLANTATION, FL 333.  City/State and Zip Code  PANT 770 P. A-OL. C.  E-mail address: (to be used for future annual report	57E 25   24			
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please ca	all:			
Name of Person at (	95Y) 849-0777 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	MANIN	11c	
		(b)		
( ) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailii ( <u>Ne</u>	ng address of limited lia	FFICE BOX)
	8551 W. SUNRISE STE 105	151 N	. NOB HIL	c RO STE 2
	PLANTATION, FL 33322	plante	ATION, FC	73324
	01/06/2015	<u></u>	1500002	920
3.	Date of filing/registration in Florida 4	. Doc	ument number	
5. (a)				
	Registered Agent and Registered Office shown on the records of the F	lorida Dept. of State:		
	SINGER CARV ESQ			
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)		2(
	12 SE 7 STREET STE 8	20		r 1721
	FORT LAWERDAIE , FL	3330		51 03(
(b)			1	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ce address:	••	
	20 11 20 11 10-		- 1 <sub>5.</sub> ,	 <u>ω</u>
	DAN'D TORCHIN CAA  NEW Registered Office Address:		_	
	980 N. FEDERAL HICHWAY	57E 401	6	
	Boca Raton FL	33432		
If the li	imited liability company is not organized under the laws o	f the State of Florida	, it is hereby confir	med that after the
change	or changes are made, the Florida street address of the regional be identical. Or, in the case of a Florida limited liability	istered office and the	business office of eby confirmed that	the registered the change(s)
was/we	ere authorized by an affirmative vote of the members of the	e limited liability cor	mpany or as otherw	ise provided in
the arti	cles of organization or the operating agreement of the limit	ited liability compan	y. O_	
Signat	ture of a member or authorized representative of a member	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ated or typed name of si	gnce
I herei	hy accept the appointment as registered agent and agree to	o act in this capacity	I further goree to	comply with the
provisi the obl to mere	by accept the appointment as registered agent and agree with the proper and complete perficients of all statutes relative to the proper and complete perfigations of my position as registered agent as provided for ely reflect a change in the registered office address, I here d in writing of this change	ormance of my dutier in Chapter 605, F.s. by confirm that the l	s, and I am familia.  Or, if this docum imited liability com	eonity wan inc ent is being filed pany has been
Signatu	re of Registered Avent			



Department of State / Division of Corporations / Search Records / Search by Entity Name /

# **Detail by Entity Name**

Florida Limited Liability Company

ANNIE MAMIN LLC

**Filing Information** 

**Document Number** 

L15000002920

FEI/EIN Number

47-2738878

Date Filed

01/06/2015

Effective Date

0 ., 0 0, 2 0 . 0

LIICUIVC L

01/01/2015

State

FL

Status

**ACTIVE** 

Last Event

LC STMNT OF RA/RO CHG

**Event Date Filed** 

09/27/2019

**Event Effective Date** 

NONE

**Principal Address** 

151 N NOB HILL RD

**SUITE 251** 

PLANTATION, FL 33324

**Mailing Address** 

151 N NOB HILL RD

**SUITE 251** 

PLANTATION, FL 33324

Registered Agent Name & Address

SINGER, GARY, ESQ 12 SE 7TH STREET

STE 820

FORT LAUDERDALE, FL 33301

Address Changed: 09/27/2019

Authorized Person(s) Detail

Name & Address

Title Manager

Oz, Roni

151 N NOB HILL RD SUITE 251 PLANTATION, FL 33324

## Annual Reports

Report Year	Filed Date
2020	06/03/2020
2021	04/07/2021
2022	04/07/2022

## **Document Images**

04/07/2022 ANNUAL REPORT	View image in PDF format
04/07/2021 ANNUAL REPORT	View image in PDF format
06/03/2020 ANNUAL REPORT	View image in PDF format
09/27/2019 - CORLCRACHG	View image in PDF format
04/25/2019 ANNUAL REPORT	View image in PDF format
04/23/2018 - ANNUAL REPORT	View image in PDF format
04/27/2017 ANNUAL REPORT	View image in PDF format
03/25/2016 ANNUAL REPORT	View image in PDF format
01/06/2015 - Flonda Limited Liability	View image in PDF format