above, or on an attachment with all other like empowered.

SIGNATURE: Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	D	Title	D
Name	LEONI, TODD	Name	CAVA, RICHARD
Address	7100 BISCAYNE BLVD	Address	1865 BRICKELL AVE.
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI FL 33130

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043350

Entity Name: TODDRICK, INC.

### **Current Principal Place of Business:**

7100 BISCAYNE BLVD 202 MIAMI, FL 33138

### **Current Mailing Address:**

P.O. BOX 381703 MIAMI, FL 33238 US

## FEI Number: 65-0837408

### Name and Address of Current Registered Agent:

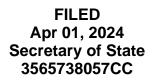
LEONI, TODD 7100 BISCAYNE BLVD #202 MIAMI, FL 33238 US

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: TODD LEONI MANAGING MEMBER

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

04/01/2024 Date

Date