

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045376

Entity Name: FLORIAN FORM FUNCTION LLC

Current Principal Place of Business:

1600 SW 1ST AVE.
APT. 1207
MIAMI, FL 33129

Current Mailing Address:

1600 SW 1ST AVE.
APT. 1207
MIAMI, FL 33129 US

FEI Number: 20-2800027

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUTTTL, FLORIAN
1600 SW 1ST AVE.
APT. 1207
MIAMI, FL 33129 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	MGR	Title	MGRM
Name	HUTTTL, FLORIAN	Name	HUTTTL, JENNY
Address	1600 SW 1ST AVE. APT. 1207	Address	1600 SW 1ST AVE. APT. 1207
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

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: JENNY HUTTL

MANAGER

03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date