# 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.

MGRM

SIGNATURE: SAMUEL NORIEGA

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: SOUTH FLORALS DC, LLC

5055 NW 74TH AVE UNIT 6 MIAMI, FL 33166

#### **Current Mailing Address:**

DOCUMENT# L06000117841

PO BOX 228568 MIAMI, FL 33222-8568 US

## FEI Number: 20-8044557

#### Name and Address of Current Registered Agent:

NORIEGA, SAMUEL D 5055 NW 74TH AVE UNIT 6 MIAMI, FL 33166 US

MIAMI, FL 33166 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SANCHEZ, DANIEL L.	Name	NORIEGA, SAMUEL D.
Address	12524 SW 119 PLACE	Address	343 MACY STREET
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	WEST PALM BEACH FL 33405

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Certificate of Status Desired: No

03/04/2024

Date