# SIGNATURE: RUTH TOMCZYK

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: RUTH TOMCZYK, LLC **Current Principal Place of Business:** 

31 SE 5TH ST UNIT 1205 MIAMI, FL 33131

## **Current Mailing Address:**

DOCUMENT# L0700003499

31 SE 5TH ST **UNIT 1205** MIAMI, FL 33131 US

## FEI Number: 20-8167531

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

TOMCZYK, RUTH 31 SE 5TH STREET #1205 MIAMI, FL 33131 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 Percen(c) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	ASSISTANT MGR.
Name	TOMCZYK, RUTH	Name	MARK, TOMCZYK
Address	31 SE 5TH ST UNIT 1205	Address	31 SE 5TH ST UNIT 1205
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 09, 2021 Secretary of State 5757064368CC

Certificate of Status Desired: No

01/09/2021

Date

MANAGER

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