

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062007

Entity Name: IRRESISTIBLE MARKETING, LLC**Current Principal Place of Business:**541 SW 126TH TERRACE
DAVIE, FL 33325**Current Mailing Address:**541 SW 126TH TERRACE
DAVIE, FL 33325 US**FEI Number:** 26-0344145**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOTO, JR, PEDRO
541 SW 126TH TERRACE
DAVIE, FL 33325 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:** PEDRO SOTO, JR

04/28/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SOTO, CLARISA
Address 541 SW 126TH TERRACE
City-State-Zip: DAVIE FL 33325

Title MGRM
Name SOTO, PEDRO A SR.
Address 541 SW 126TH TERRACE
City-State-Zip: DAVIE FL 33325

Title AUTHORIZED REPRESENTATIVE,
CEO
Name SOTO, PEDRO ANTONIO JR.
Address 541 SW 126TH TERRACE
City-State-Zip: DAVIE FL 33325

Title AUTHORIZED REPRESENTATIVE, VP
Name SOTO RAMIREZ, NIDIA
Address 541 SW 126TH TERRACE
City-State-Zip: DAVIE FL 33325

Title AUTHORIZED REPRESENTATIVE,
TREASURER
Name SOTO, ASHLEY MARIE
Address 541 SW 126TH TERRACE
City-State-Zip: DAVIE FL 33325

Title AUTHORIZED REPRESENTATIVE, VP
Name SOTO, BRANDON TYRRELL
Address 541 SW 126TH TERRACE
City-State-Zip: DAVIE FL 33325

Title AUTHORIZED REPRESENTATIVE,
CHAIRMAN
Name SOTO, CYNTHIA
Address 541 SW 126TH TERRACE
City-State-Zip: DAVIE FL 33325

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: PEDRO ANTONIO SOTO JR

CEO

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date