

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110655

**Entity Name:** FLOMOTION, LLC

**Current Principal Place of Business:**

11239 SAINT JOHNS INDUSTRIAL PKWY S  
STE 1  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

11239 SAINT JOHNS INDUSTRIAL PKWY S  
STE 1  
JACKSONVILLE, FL 32246 US

**FEI Number:** 27-3765386

**Certificate of Status Desired:** No

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

FLOMOTION LLC  
11239 SAINT JOHNS INDUSTRIAL PKWY S  
STE 1  
JACKSONVILLE, FL 32246 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:** CAMIEL CANTERS

04/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           OWNR  
Name           CANTERS, CAMIEL M  
Address       11239 SAINT JOHNS INDUSTRIAL  
                  PKWY S  
                  STE 1  
City-State-Zip: JACKSONVILLE FL 32246

*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:** CAMIEL CANTERS

OWNR

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date