

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000187190

**Entity Name:** REMAL, LLC.

**Current Principal Place of Business:**

8185 VIA ANCHO ROAD  
#880905  
BOCA RATON, FL 33488

**Current Mailing Address:**

8185 VIA ANCHO ROAD  
#880905  
BOCA RATON, FL 33488 US

**FEI Number:** 47-2484170

**Certificate of Status Desired:** No

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

MALOOF, RENEE  
8185 VIA ANCHO ROAD  
880905  
BOCA RATON, FL 33488 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            AM  
Name            MALOOF, RENEE  
Address        P.O. BOX 880905  
City-State-Zip: BOCA RATON FL 33488

*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:** RENEE MALOOF

**MANAGING MEMBER**

**03/11/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date