

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000082100

**Entity Name:** MY LITTLE PONY LLC

**Current Principal Place of Business:**

6315 NW 2ND AVE  
MIAMI, FL 33150

**Current Mailing Address:**

6315 NW 2ND AVE  
MIAMI, FL 33150

**FEI Number:** 47-4007455

**Certificate of Status Desired:** No

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

NJM, LLC  
6315 NW 2 AVE  
MIAMI, FL 33150 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 MGR  
Name JOHNSON MILEWSKI, NINA  
Address 6315 NW 2ND AVE  
City-State-Zip: MIAMI FL 33150

*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:** NINA JOHNSON MILEWSKI

**DIRECTOR**

**02/08/2019**

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

\_\_\_\_\_  
Date