

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000142983

**Entity Name:** PUFFY CLOUD CREATIONS, LLC

**Current Principal Place of Business:**

27 PIERCE STREET  
HICKSVILLE, NY 11801

**Current Mailing Address:**

PO BOX 332  
JERICHO, NY 11753 US

**FEI Number:** 47-4927199

**Certificate of Status Desired:** Yes

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

MANTELL, CAROLYN M  
758 SW ABODE AVENUE  
PORT SAINT LUCIE, FL 34953 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:** CAROLYN M. MANTELL

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name MANTELL, CAROLYN M  
Address 27 PIERCE STREET  
City-State-Zip: HICKSVILLE NY 11801

Title AUTHORIZED MANAGER  
Name MANTELL, EDWARD ROBERT  
Address 758 SW ABODE AVE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title AUTHORIZED MANAGER  
Name TRAMONTANO, IRENE THERESA  
Address 27 PIERCE STREET  
City-State-Zip: HICKSVILLE NY 11801

Title AUTHORIZED MANAGER  
Name HOFFMANS, JANINE MARIE  
Address 824 PACIFIC STREET  
City-State-Zip: LINDENHURST NY 11757

*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:** CAROLYN M MANTELL

AUTHORIZED MEMBER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date