

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000096903

**Entity Name:** FLYING FOOL, LLC

**Current Principal Place of Business:**

107 WHITCOMB DRIVE  
GENEVA, FL 32732

**Current Mailing Address:**

107 WHITCOMB DRIVE  
GENEVA, FL 32732

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PIRES, JOE  
107 WHITCOMB DRIVE  
GENEVA, FL 32732 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            AMBR  
Name            PIRES, JOE  
Address        107 WHITCOMB DRIVE  
City-State-Zip: GENEVA FL 32732

*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:** JOE PIRES

AMBR

04/04/2019

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

\_\_\_\_\_ Date