**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 07, 2019**
**Secretary of State**
**3315987519CC**

DOCUMENT# L16000099508

**Entity Name:** SOLUTIONS MAFLOWERS LLC

**Current Principal Place of Business:**

2316 S CYPRESS BEND DR,
APT 417
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2316 S CYPRESS BEND DR,
APT 417
POMPANO BEACH, FL 33069 US

**FEI Number: 81-4203556**

**Certificate of Status Desired:** Yes

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

FLOREZ, MARIA L
2316 S CYPRESS BEND DR
APT 417
POMPANO BEACH, FL 33069 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 | SOLE MBR |
| Name | FLOREZ, MARIA L |
| Address | 2316 S CYPRESS BEND DR<br>APT 417 |
| City-State-Zip: | POMPANO BEACH FL 33069 |

*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: MARIA L FLOREZ 02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date