

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000223140

**Entity Name:** TSUNAMI SALES FORCE, LLC

**Current Principal Place of Business:**

2300 PALM BEACH LAKES BLVD  
STE 214  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2300 PALM BEACH LAKES BLVD  
STE 214  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 81-4950191

**Certificate of Status Desired:** No

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

CRISTIA, CRISTOPHER  
2560 S OCEAN BLVD  
APT 317  
PALM BEACH, FL 33408 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            CRISTIA, CRISTOPHER  
Address        2650 S OCEAN BLVD  
                  APT 317  
City-State-Zip: PALM BEACH FL 33408

Title            AUTHORIZED MEMBER  
Name            GLORIA, CRISTIA  
Address        2670 N FEDERAL HWY  
                  APT 3  
City-State-Zip: BOYNTON BEACH FL 33435

Title            AUTHORIZED MEMBER  
Name            CRISTIA, MANNY  
Address        2670 N FEDERAL HWY  
                  APT 3  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** CRISTOPHER CRISTIA

**PRESIDENT**

**04/08/2019**

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

\_\_\_\_\_  
Date