

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000264346

**Entity Name:** FML TAX & FINANCIAL SOLUTION PARTNERS, LLC**Current Principal Place of Business:**9150 NW 22 AVE  
102  
MIAMI, FL 33147**Current Mailing Address:**530 NE 52 ST  
MIAMI, FL 33137**FEI Number:** 82-3384100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARION, LISA  
530 NE 52 ST  
MIAMI, FL 33137 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                  | Title           | AMBR                  |
| Name            | MARION, LISA          | Name            | FUNEUS, FRED          |
| Address         | 530 NE 52 ST          | Address         | 900 SW 75 AVE         |
| City-State-Zip: | MIAMI FL 33137        | City-State-Zip: | PLANTATION FL 33317   |
|                 |                       |                 |                       |
| Title           | AUTHORIZED MEMBER     | Title           | AUTHORIZED MEMBER     |
| Name            | LYNN, KATRAVIA        | Name            | ALYN, ELESHA R        |
| Address         | 9150 NW 22 AVE<br>102 | Address         | 9150 NW 22 AVE<br>102 |
| City-State-Zip: | MIAMI FL 33147        | City-State-Zip: | MIAMI FL 33147        |

*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:** LISA MARION

AMBR

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date