## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000096770

Entity Name: FLPMI, LLC

## **Current Principal Place of Business:**

4675 LINTON BOULEVARD, SUITE 200 DELRAY BEACH, FL 33445

## **Current Mailing Address:**

4675 LINTON BOULEVARD, SUITE 200 DELRAY BEACH, FL 33445 US

## FEI Number: 82-5280307

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

CORPORATION COMPANY OF MIAMI 200 S. BISCAYNE BOULEVARD SUITE 4100 (J3W) MIAMI, FL 33131 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

#### Authorized Person(s) Detail :

TitleMGRNameSHESTACK, ADAM M.D.Address4293 NW 62ND ROADCity-State-Zip:BOCA RATON FL 33496

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.

MGR

# SIGNATURE: ADAM SHESTACK

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 09, 2024 Secretary of State 9984096986CC

Certificate of Status Desired: No

Date

04/09/2024

Date