

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000181983

Entity Name: FINAL FORM LLC

Current Principal Place of Business:

217 SW 5TH AVE.
HALLANDALE BEACH, FL 33009

Current Mailing Address:

217 SW 5TH AVE.
HALLANDALE BEACH, FL 33009 US

FEI Number: 83-1399116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEON, SAMUEL JAMES
217 SW 5TH AVE
HALLANDALE BEACH, FL 33009 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: SAMUEL JAMES LEON

01/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LEON, SAMUEL J
Address 217 SW 5TH AVE.
City-State-Zip: HALLANDALE BEACH FL 33009

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: SAMUEL J LEON

OWNER

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date