

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000243678

**Entity Name:** SHOPFLEX LLC

**Current Principal Place of Business:**

14719 SMOKEY CITRINE ST  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

14719 SMOKEY CITRINE ST  
DELRAY BEACH, FL 33446 US

**FEI Number:** 83-2281110

**Certificate of Status Desired:** No

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

IMWORLD SERVICES, INC  
424 E CENTRAL BLVD  
STE 106  
ORLANDO, FL 32801 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 MGRM  
Name NEMETH, ATTILA G  
Address BOLENY UTCA 29/A  
City-State-Zip: BUDAPEST, HUNGARY HU 1028

Title MGRM  
Name GADZSER, TAMAS P  
Address BOLENY UTCA 29/A  
City-State-Zip: BUDAPEST, HUNGARY HU 1028

Title AMBR  
Name FUZESI, PETER  
Address 11197 CAMINITO INOCENTA  
City-State-Zip: SAN DIEGO CA 92126

Title MGRM  
Name VARI, ESZTER  
Address DOMBOLDAL UTCA 3  
City-State-Zip: BUDAPEST HUNGARY 1118

*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:** TAMAS GADZSER

MGRM

04/06/2020

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

\_\_\_\_\_  
Date