

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000059105

**Entity Name:** FLORAL CHAMPAGNE LLC

**Current Principal Place of Business:**

50 N LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

50 N LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

CANE, VONTESHA R  
8796 WHISPERING PINES DR.  
JACKSONVILLE, FL 32244 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 MGR  
Name CANE, VONTESHA R  
Address 8796 WHISPERING PINES DR.  
City-State-Zip: JACKSONVILLE FL 32244

*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:** VONTESHA CANE

**REGISTERED AGENT**

**07/01/2020**

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

\_\_\_\_\_  
Date