### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000087727

Entity Name: EXPECT SOMETHING DIFFERENT LLC

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

8939 NW 23RD ST DORAL, FL 33172

### **Current Mailing Address:**

8939 NW 23RD ST DORAL, FL 33172

# FEI Number: 85-1666759

### Name and Address of Current Registered Agent:

SCHLESKE, HECTOR G 8939 NW 23RD ST DORAL, FL 33172 US Mar 31, 2021 Secretary of State 2230622748CC

FILED

Certificate of Status Desired: Yes

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 :

| Title           | MGR                         | Title           | MGR              |
|-----------------|-----------------------------|-----------------|------------------|
| Name            | SCHLESKE, HECTOR G          | Name            | ESCOBAR, JAIME E |
| Address         | 8939 NW 23RD ST             | Address         | 8939 NW 23RD ST  |
| City-State-Zip: | DORAL FL 33172              | City-State-Zip: | DORAL FL 33172   |
|                 |                             |                 |                  |
|                 |                             |                 |                  |
| Title           | MGR                         |                 |                  |
| Title<br>Name   | MGR<br>CASTELLANOS, NICOLAS |                 |                  |
|                 |                             |                 |                  |
| Name            | CASTELLANOS, NICOLAS        |                 |                  |

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: HECTOR SCHLESKE

PARTNER

Date

Electronic Signature of Signing Authorized Person(s) Detail