

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000257472

Entity Name: FLOW FAM FL, LLC**Current Principal Place of Business:**7695 SW 104TH ST SUITE 100
PINECREST, FL 33156**Current Mailing Address:**7695 SW 104TH ST SUITE 100
PINECREST, FL 33156**FEI Number:** 85-2827645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARMAN, REBECA
7695 SW 104TH ST SUITE 100
PINECREST, FL 33156 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 WARMAN, REBECA
Address 7695 SW 104TH ST SUITE 100
City-State-Zip: PINECREST FL 33156

Title AMBR
Name WARMAN, REBECA
Address 7695 SW 104TH ST SUITE 100
City-State-Zip: PINECREST FL 33156

Title MGR
Name BEN-HORIN, VIVIAN
Address 200 W 26TH STREET, APT 6E
City-State-Zip: NEW YORK FL 10001

Title AMBR
Name BEN-HORIN, VIVIAN
Address 200 W 26TH STREET, APT 6E
City-State-Zip: NEW YORK FL 10001

Title AMBR
Name BEN-HORIN, ADAM
Address 200 W 26TH STREET, APT 6E
City-State-Zip: NEW YORK FL 10001

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: REBECA WARMAN**MANAGER****02/23/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date